

THE REGION: A VIABLE PLANNING UNIT  
FOR THE SEVERELY AND PROFOUNDLY HANDICAPPED

Initial Pilot: The Visually Handicapped

Frances E. Stetson  
Administrative Intern

Jerry W. Vlasak  
Director of Special Education  
Administration

Department of Special Education  
Texas Education Agency  
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HOUSE FOR THE BLIND**

## THE REGION

### A Viable Planning Unit

#### For The Severely and Profoundly Handicapped

In 1969 the Texas Legislature unanimously passed Senate Bill 230. As a result of this action, the Texas Education Agency developed a comprehensive special education program for exceptional children--referred to as "Plan A."

This legislation and subsequent administrative design were in response to the concern that over 400 of the nearly 1200 school districts in the state offered no special education services. Additionally, many districts with special education programs served only certain handicapping conditions--speech programs and programs for the mentally retarded predominated. The number of Plan A programs throughout the state has increased dramatically from 4 single districts and one co-op in 1970-71 to 950 districts, comprising 250 programs for 1975-76. Following the guidelines of Senate Bill 230, a district is mandated to serve all handicapped children, ages 3-21, when it becomes a Plan A school.

Most of the Plan A programs have developed with a distinct emphasis in programming for the mildly handicapped students. For example, programs for speech handicapped children accounted for 33% of the handicapped children receiving special education services during the 1973-74 school year. That same year, LLD and speech handicapped students comprised 65.5% of the handicapped



population receiving services from Plan A resources. In sharp contrast, 7.95% of the handicapped student population served was comprised of visually handicapped, auditorially handicapped, emotionally disturbed, and trainable mentally retarded (Annual Special Education Statistical Report, 1973-74). While it is anticipated that the prevalence of students with mild educational handicaps is larger than students with more severe handicaps, there is evidence to suggest that the Plan A programs may have diverted sufficient energy and other resources to the development of services to the mildly handicapped to detract from the development of quality programming for the severely and profoundly handicapped. (Kaufman, Agard, and Vlasak, 1974)

Educational programming for severely and profoundly handicapped students centers around two critical issues--the needs which they share with all children and those needs which are unique to their handicapping condition. It is these unique needs which must be attended to at the earliest point in a severely handicapped child's life and programmed for throughout his academic career. Without specialized intervention the student will, in all likelihood, be developmentally delayed to the extent that mainstreaming is ineffective and inappropriate.

The emphasis has clearly been placed on serving the mildly handicapped within the public schools. Recently, however, pressures from the national level, the courts, and from the state agency have focused increasing attention upon the severely and profoundly handicapped.

### Current Trends

The federal government, through legislation of P.L. 93-380, set aside additional funding of Title VI, Part B, monies to be utilized in the placement of special education children in an "appropriately designed educational program" with the LEA. This legislation provides the incentive and implies the demand for quality programs for the severely and profoundly handicapped. To strengthen these pressures from Congress, the Bureau of Education for the Handicapped (USOE) has created a separate division to act as a catalyst to cause the development of additional programs for the severely and profoundly handicapped at the local level.

Court action has set into place certain legal pressures within the past year, both nationally and at the state level, which will have a direct effect upon the delivery of services to exceptional children.

The case of the Pennsylvania Association for Retarded Children, Nancy Beth Bowman, et al, versus the Commonwealth of Pennsylvania, David H. Kurtzman, et al, was a class action suit initiated January 11, 1974. The PARC brought suit against the state of Pennsylvania for its failure to provide all retarded children with a free public education. The court's decision was issued in two decrees. The June 1974 decree stated that no such child could be denied entrance into a public school program. In addition, no change in educational status for an individual child could occur without due process. The October 1974 decree provided that the state cannot in any way "postpone, terminate, or deny mentally retarded children access to a publicly supported education...."

This court case is particularly important because it establishes that education for every child is a right and not a privilege.

The recent ruling by the Texas Attorney General (February 7, 1975) further substantiates this position by stating that (1) all mentally retarded and physically handicapped children (ages 3-21) must be served in educational programs, (2) all school districts are mandated to provide special education programs for these handicapped children, and (3) the State Board of Education has the authority to set school year 1976-77 as the deadline for every handicapped child to have a comprehensive special education program available to him. Once again, the courts are bringing great pressure to bear on all educational agencies to recognize that education in a publicly supported system is an undeniable right for the 7 million handicapped children in the United States.



Current trends in the state of Texas, reflected by actions taken recently by the State Board of Education, the Texas Education Agency--Department of Special Education and Special Schools, and the Texas Department of Mental Health and Mental Retardation, sharply focus on a new and dramatic shift of emphasis.

The State Board of Education has established three priority areas for the education of the handicapped. They are (1) Early Identification and Intervention for Handicapped Children (ages 0-3), (2) the development of a Zero-Reject Model, and (3) Secondary School Programming for Handicapped Children. These priority areas are in response to the recognition that only about 60% of the handicapped children in our state are currently receiving special education services. The year 1980 has been set as the state's goal in serving all of our exceptional students.

Each of these priority areas indicates the growing concern that we identify those children who are handicapped, that we intervene at an early age to provide those services appropriate to their educational needs and that we do not refuse to serve any child--no matter how severely and profoundly handicapped he may be. The first two priority areas address this concern directly. The effect of the increased emphasis on secondary school programming for handicapped children may also be dramatic by returning many of the students who have dropped out of earlier programs and by reaching an age group where unserved children still exist.

With the guarantees for due process procedures established both at the federal level (P.L. 93-380, Section 613) and at the

state level by the Texas Education Agency's compliance with these stipulations, legal safeguards for the right to an education now exist. It is hoped that this guarantee will insure acceptance of the responsibility at the local level to serve all children.

The Texas Education Agency, in light of these recent trends and demands at the federal, state, and judicial levels, has determined to emphasize quality rather than quantity--which was the major push with the inception of Plan A. This represents a shift of emphasis towards appropriateness of educational services --or the existence of a program versus the existence of an "appropriately designed" program. (P.L. 89-313, ESEA 1965)

The latest development in the state of Texas in the shift of emphasis in education comes from the Texas Department of Mental Health and Mental Retardation. This agency is moving swiftly toward the de-institutionalization of their severely and profoundly handicapped children. This action is a result of the change in philosophy addressed throughout this paper, and to the increased funding received from the Texas Legislature to establish community-based facilities. Bob Winn, Assistant Deputy Commissioner of the Texas Department of Mental Health and Mental Retardation, estimates that within the next two to three years, 250 mentally retarded youngsters previously served in MHMR institutions will be returned to their communities and will be entering the public school domain. LEA's throughout the state will be faced with the dilemma of serving these low incidence, severely and profoundly handicapped children.



### The Dilemma

The dilemma facing special education administrators is becoming increasingly obvious. Pressure is mounting from all levels--state, national, and judicial--to provide more services for more children who have more serious handicaps.

If the 1980 goal of reaching 100% of the handicapped students is realized, an additional 40% of these special children will enter our educational programs. By law these programs cannot be anything less than "appropriately designed." With significant increases in state funding being unlikely, it is imperative that administrators at all levels increase their creativity and flexibility as educational planners.

### A Viable Solution

How do we now increase our capabilities to serve our low-incidence, severely handicapped students? How will we continue to serve the mildly handicapped who exist in large numbers and still have available sufficient resources to meet the needs of the severely and profoundly handicapped--those needs common to most children and those needs unique to the severely and profoundly handicapped? How do we shift our emphasis to quality--involving appropriately designed educational programs for all handicapped children--while our funding level remains static?

The previous assumption has been that the district or the co-op was an adequate planning base. Certainly, it can be argued that it is adequate for the mildly handicapped population

appropriately served by minimum intervention programming. As the pressures increase, however, to serve a larger, more seriously involved population, educators must look to the region as a planning base. It is vital that we maximize the utilization of all resources, maximize the efforts of all agencies serving the handicapped, and develop procedures for inter-agency coordination. We must shift our reliance from the program level planning base to the regional level.

#### The Regional Concept Utilized for the Visually Handicapped in Region V

The assumption that the region is a viable planning base for low-incidence, severely handicapped children is currently being tested in Region V. The population chosen was the visually handicapped children and youth of the area (ages 0-21). These individuals were more easily identifiable due to the requirement that all visually handicapped children currently served in public schools must be registered with the Texas Education Agency. From these records, and from records kept on file by the caseworkers of the Texas Commission for the Blind, the distribution of identified visually handicapped children throughout that geographic area was readily available. (Appendix 1)

By locating the population it was clear that only 11% of these students were currently served by a certified VH teacher. Certainly this fact does not necessarily indicate that 89% of the visually handicapped students of Region V were not receiving adequate services nor does it indicate that the 11% served by a



certified VH teacher were receiving appropriate educational intervention. It does raise questions which must be answered regarding "appropriately designed educational programs."

The value of the utilization of the region as a planning base can best be described by studying the distribution of visually handicapped children throughout Region V. Ten districts served only four students or less. These were small districts who were unable to serve so few children. Furthermore, of those schools willing to attempt to recruit such a person, the scarce supply of trained personnel made their task very difficult. As of May 1975, there was one certified VH teacher in one school district serving six of the 70 visually handicapped children in the region. Orientation and mobility instruction is non-existent in the schools; braille instruction for several children is impossible because they are not served by a teacher trained to teach that necessary communication skill. The great majority of these children spent 100% of their school day in a regular classroom in a school district which may have resisted their presence due to inadequate staff, facilities, and know-how.

Initial visits into the region were originated for the purpose of conducting an informal needs assessment of the educational needs of each identified visually handicapped student and for determining the adequacy of the services provided. A standard form was developed to insure uniform data collection and the information gathered facilitated planning efforts for each district as well as for each child. (Appendix 2)



Following interviews with each special education director of the individual school districts, it was clear the majority felt the problems of serving this low-incidence, severely handicapped population were too expensive and difficult to overcome alone. The collective resources of the region along with the coordination efforts of the education service center make the solution far easier.

## APPENDIX 1

## New Totals VH Children - Region V

57 children in school programs - Region V

43 are legally blind

14 are partially sighted

(13 are in regular class + 1 in LLD resource)

+13 children projected enrollment

8 are legally blind

5 are undetermined

---

70 Total

Of the 43 legally blind

23 in regular classroom 100% of day

7 in other resource rooms

4 at Hughen School

3 at Human Development Center

6 in VH classroom

43 Total legally blind children

11% served by certified VH teacher

89% are not

DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

PUPIL/SERVICES APPRAISAL

## I. IDENTIFYING INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Placement \_\_\_\_\_

Instructional Arrangement \_\_\_\_\_

Teacher \_\_\_\_\_ Certification \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_

## II. VISION

Visual Acuity: Rt. eye \_\_\_\_\_ L. eye \_\_\_\_\_

O.U. \_\_\_\_\_

Visual Functioning: \_\_\_\_\_

\_\_\_\_\_

Primary learning medium \_\_\_\_\_

Additional Handicap \_\_\_\_\_

## III. ACADEMICS

Reading \_\_\_\_\_

\_\_\_\_\_

Math \_\_\_\_\_

\_\_\_\_\_

Language \_\_\_\_\_

\_\_\_\_\_

S.S./Science \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_



#### IV. ORIENTATION & MOBILITY

Orientation to Environment \_\_\_\_\_

Mobility Training \_\_\_\_\_ If yes, agency involved and frequency of service \_\_\_\_\_

Special Adaptations in classroom \_\_\_\_\_

#### V. SPECIAL SKILLS

Self-Care \_\_\_\_\_

Auditory Skills \_\_\_\_\_

Cognitive Recall \_\_\_\_\_

Communication Skills (Braille & Typing) \_\_\_\_\_

#### VI. SOCIALIZATION

#### VII. VOCATIONAL TRAINING & ASSESSMENT

Type \_\_\_\_\_ & % of time \_\_\_\_\_

Agency supplying training \_\_\_\_\_

## I. INSTRUCTIONAL ARRANGEMENT

Adequate as exists? \_\_\_\_\_

Comments \_\_\_\_\_

Necessary modifications to instruction \_\_\_\_\_

Assistance to teaching staff required \_\_\_\_\_

## II. AUXILIARY SERVICES &amp; RESOURCES

Adequate as exist? \_\_\_\_\_

Comments \_\_\_\_\_

Additional services required \_\_\_\_\_

PRIORITY IN TERMS OF NEEDS UNMET: HIGH MEDIUM LOW

## VIII. COUNSELING

Educational \_\_\_\_\_  
\_\_\_\_\_

Vocational \_\_\_\_\_

Personal \_\_\_\_\_

\*Indicate persons/agencies responsible for counseling

IX. ADDITIONAL INFORMATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_X. COMMENTS & CONCERNS - TEACHER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_XI. COMMENTS & CONCERNS - ADMINISTRATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### PROGRAM COMPONENTS

The total programming effort for visually handicapped youths must be comprehensive in scope and focused upon serving the "whole child." Failure to consider all aspects which have a direct influence upon the growth and development of the visually handicapped student results in incomplete and inadequate educational intervention. In an attempt to develop a comprehensive program for serving visually handicapped students (ages 0-21) the following components have been identified:

IDENTIFICATION - SCREENING - REFERRAL - FOLLOW UP

PRE-ACADEMIC DEVELOPMENT AND PARENT INVOLVEMENT

TEACHING/LEARNING PROCESS

EDUCATIONAL ASSESSMENT

VOCATIONAL ASSESSMENT AND EDUCATION

COUNSELING

EDUCATIONAL AIDS/MATERIALS

VOLUNTEER SERVICES

STAFF DEVELOPMENT

PROGRAM EVALUATION

IDENTIFICATION - SCREENING - REFERRAL - FOLLOW UP

Figures taken from the Texas Education Agency's Annual Special Education Statistical Report (1973-74) reveal that we are serving less than one-third of the suspected number of visually handicapped students in Texas. A lack of uniform identification procedures in most communities and inadequate screening techniques within local school districts have contributed to the failure to serve a large number of children who are not meeting their actual potential due to a visual loss.

The referral process, initiated by individuals or by agencies, must result in the compilation of adequate and accurate data leading to decisions regarding the educational placement most appropriate for each student.

A "follow-up" procedure should be set in place to assure direct contact with parents, to make certain the initial recommendations were adhered to, to assure the student is progressing, and finally to make any necessary modification in future programming.

IDENTIFICATION

## Birth to School Age

## I. Resources

## A. Interested Individuals

Parents

Family

## B. Medical Community

Ophthalmologist

Optometrists

Child Specialists

Pediatricians

Obstetricians

General Practitioners

Public Health Nurses

## C. Agencies

Texas Commission for the Blind

Texas Welfare Department

Texas Department of Public Health

Texas Department of Mental Health/Mental Retardation

Texas Rehabilitation Commission

## D. National Society for the Prevention of Blindness

## II. Roles and Responsibilities

## A. Interested Individuals

- to contact the Texas Commission for the Blind in order to relay information regarding a visually handicapped child or adult



**B. Medical Community**

- to contact the Texas Commission for the Blind in order to relay information regarding a patient who is visually handicapped

**C. Agencies**

1. To contact the Texas Commission for the Blind in order to relay information regarding an individual they suspect to be visually handicapped.
2. The Texas Commission for the Blind shall
  - a. act as the central agency for the collection of data regarding the VH population (ages 0-6) within Region V.
  - b. assume responsibility for notifying the school district(s) and regional education service center involved in order that planning for each identified child may begin. These projected enrollment figures will facilitate planning and can assist the school district administration in calling the appropriate resources into play.
  - c. develop a procedure whereby a certified VH teacher (selected on the basis of location and realm of responsibility) will meet with the Texas Commission for the Blind caseworker and the parents within one month after identification. This triad meeting would facilitate (1) early parental recognition of educational opportunities for their child, (2) early intervention by encouraging positive and

effective parental involvement with their child during the crucial pre-school years, and (3) a coordinated approach on the part of the school district and the Texas Commission for the Blind when interacting with the family.

D. National Society for the Prevention of Blindness

- to conduct a pre-school screening program

III. Implications for Staff Development

A. Interested Individuals

- local publicity through radio and television media advising citizens of appropriate reporting procedures

B. Medical Community

- One session which deals with the following topics:
  1. current educational programming for visually handicapped children in Region V
  2. reporting procedures for patients who are identified as having a visual loss
  3. the importance of communicating information relevant to educators

C. Agencies

- Representatives from each agency should be present for a seminar held to acquaint them with (a) current educational programming for visually handicapped children in Region V, and (b) their role in reporting clients suspected of having a visual loss.

## SCREENING

### School Age

Screening procedures which are designed to identify those students who are experiencing visual difficulties must be comprehensive and should utilize a variety of techniques. Each local school system must conduct a screening program at regular intervals, systematically report the results, and follow up each referral to make certain the identified visual problem was corrected to the maximum extent possible.

Blind and low vision children are easily identified and most have received the proper medical care before entering school. It is the less seriously handicapped child who must be identified through the school's screening procedures. This should not only be the goal of such a program but should direct the thought, resources, and time allocated to it.

The following represent an array of approaches and procedures which can be utilized by school districts in screening for visual problems. The most comprehensive programs will use most or all of these approaches. Unidentified children, often labeled as failures or discipline problems, pay the price for a less than complete screening program.

1. The total vision screening program will screen all children
  - a. identified as failures in school--either in regular programs or in classes for the language disabled and the mentally retarded.



- b. in pre-school programs.
  - c. at regular two- to three-year intervals (grades 1-9).
2. A teacher checklist is regarded by many as the most effective means of locating children with visual problems. The classroom teacher works most closely with her students and can identify certain behaviors which indicate visual difficulties. Any child who has three or more checks on a list should be referred for further screening. (Note: Several examples of teacher checklists are included.)
  3. An optometrist or an ophthalmologist can be utilized as a consultant to work with school personnel charged with the responsibility of vision screening. He can assist the staff in setting up clinical techniques which would be most effective in identifying children who are nearsighted or farsighted or who have a muscle imbalance or astigmatism. Quite often, modifications of testing procedures must be made in order to check all possible problems--an optometrist or ophthalmologist's expertise is invaluable in training the staff to correctly modify the screening devices or their procedures. An eye specialist can also assist the screening personnel by ensuring that all testing is conducted under specified conditions--yielding reliable and useful test results.
  4. When the screening program is conducted by school nurses, the most effective consultant to this group is another

nurse. He or she should be trained extensively in screening procedures and the State Department of Public Health is an excellent source for locating and/or providing such a person.

5. Exact testing conditions must be rigorously adhered to.
6. When the Snellen is conducted under the specified conditions, nearsighted children will be identified. By using a plus lens, farsighted children will also be identified with the Snellen.
7. The Titmus is very useful in locating children with muscle imbalance problems. These problems will affect a child over time, particularly in reading. The Titmus must be administered by someone who has been carefully trained in its use.

## I. Resources

### A. Medical Community

Ophthalmologist

Optometrists

Public Health Nurses

### B. School Personnel

Teachers (Teacher Checklist)

School Nurses

Screening Staff

Administrators

### C. National Society for the Prevention of Blindness

## II. Roles and Responsibilities

### A. Medical Community

1. Ophthalmologist and Optometrists - to serve on a consultant basis as a source of information regarding the modification of screening procedures to meet specific needs of specific programs aimed at identifying children with visual problems in the schools. To further assist in assuring that specified testing conditions are adhered to and that the school staff is properly trained in the use of the screening equipment.
2. Public Health Nurses - to serve on a consultant basis as a source of information to school nurses who will conduct vision screening efforts within their schools.

### B. School Personnel

1. Teachers - to conscientiously review vision checklists and mark the behaviors which they have seen exhibited by each of their students which might indicate a visual problem.
2. School Nurses and/or Screening Staff - to develop and implement a comprehensive screening program within the schools in a thorough and systematic manner utilizing an array of techniques and procedures.
3. Administrators - to make certain that screening procedures within their district are comprehensive and



that the target population for these efforts includes all children labeled as failures (either in regular education or in classes for LLD and MR) all children in pre-school programs, and all children (grades 1-9) at regular two- or three-year intervals. If teacher checklists are utilized by the district, the administrator will provide in-service time or any other arrangement he deems suitable for the instruction of the teachers in the proper use of the checklists. Furthermore, he will make certain that all screening staff are properly trained in the use of the vision screening equipment and that all guidelines are followed carefully.

- C. National Society for the Prevention of Blindness
- can be contacted directly for information about screening or assistance in the screening program.
- National Society for the Prevention of Blindness,  
79 Madison Avenue, New York, New York 10016.

### III. Implications for Staff Development

#### A. Medical Community

- None. The eye specialists and public health nurses involved in the vision screening program should be selected on the basis of their experience and expertise in the area.

## B. School Personnel

1. Teachers must attend an in-service session or receive information from the school nurse assigned to their building regarding the following:
  - a. the intent of a school-wide vision screening program
  - b. an explanation of the behaviors which they are required to consider regarding each child in their classrooms
  - c. directions for administering teacher checklists
2. School Nurses and/or Screening Staff should have consultative services from eye specialists and/or public health nurses available to them in an intensive in-service session which should include the following topics:
  - a. selection of target population
  - b. optimum testing conditions for the various vision screening tests
  - c. most effective clinical techniques in screening for visual problems
  - d. modifications of available tests, such as the Snellen, which facilitate the identification of a wider variety of visual problems
3. Administrators might attend the above session.

## C. National Society for the Prevention of Blindness

- None



## RETURN TO COUNSELOR

## CHECK LIST: CLUES TO VISUAL PROBLEMS

TO: The Referring Teacher

Complete this form on all children that you refer for possible service from the appraisal team or counselor.

STUDENT: \_\_\_\_\_ TEACHER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_ OBSERVER: \_\_\_\_\_

(Check if yes)

## 1. APPEARANCE OF EYES:

One eye turns in or out  
Reddened eyes or lids

\_\_\_\_\_  
\_\_\_\_\_

## 2. BEHAVIORAL SIGNS:

A. Eye Movement Abilities

Head turns as reads across page  
Loses place often during reading  
Omits words or skips lines frequently

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_B. Eye Teaming Abilities

Complains of seeing double  
Misaligns digits in number columns  
Squints, closes or covers one eye  
Tilts head extremely while working at desk

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_C. Eye-Hand Coordination Abilities

Writes crookedly, poorly spaced: cannot stay on  
ruled lines  
Exhibits poor eye-hand coordination

\_\_\_\_\_  
\_\_\_\_\_D. Refractive Errors

Blinks excessively at reading and other tasks  
Holds book too closely; face too close to desk  
surface  
Complains discomfort in tasks that demand use  
of vision  
Makes errors in copying from chalkboard or over-  
head projector  
Squints to see chalkboard or requests to sit nearer  
Rubs eyes often  
Writes unusually small, large, or poorly  
Is confused by details on maps or charts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E. Does this child wear glasses

\_\_\_\_\_

OBSERVER'S REMARKS:



## COMMON SYMPTOMS OF VISUAL HANDICAPS

1. Progresses at a rate below that which might be considered appropriate for children of approximately the same age, grade, and intelligence test scores.
2. Fails to complete long reading assignments or other school tasks involving extensive eye use, especially when time is limited.
3. Understands the basic principles involved in certain areas of study such as long division, but makes errors in the comparatively easier procedures such as addition, particularly when working with long columns of figures.
4. Remembers and understands material read to him better than that which he reads himself.
5. Confuses letters and words which look somewhat alike.
6. Covers or shields one eye habitually while reading.
7. Holds reading material at an unusual distance or angle.
8. Skips letters, words, or lines while reading.
9. Has difficulty copying from textbooks, workbooks, or chalkboards.
10. Tires quickly or is easily distracted while working at his desk.
11. Is confused by details such as those appearing on maps, charts, or diagrams.
12. Writes unusually small, large, or very poorly.
13. Appears clumsy or awkward on the playground.
14. Has poor eye-hand coordination.
15. Rubs or brushes eyes frequently.
16. Thrusts head forward or squints when looking at near or far objects.
17. Stumbles or trips often.

## CHECKLIST FOR VISION DIFFICULTIES

\_\_\_\_\_ is being referred to an eye doctor for an evaluation. A letter will be written to the doctor describing this child's visual characteristics at school. Please check any signs or symptoms which you have observed and/or comment on visual problems not listed.

Appearance of the Eyes

Eyes crossed--turning in or out at any time \_\_\_\_\_

Reddened eyes \_\_\_\_\_

Watering eyes \_\_\_\_\_

Encrusted eyelids \_\_\_\_\_

Frequent Styes \_\_\_\_\_

Complaints Associated with Using the Eyes

Headaches \_\_\_\_\_

Nausea or dizziness \_\_\_\_\_

Burning or itching of eyes \_\_\_\_\_

Behavior Indications of Possible Vision Difficulty

Body rigidity while looking at distant objects \_\_\_\_\_

Thrusting head forward or backward while looking at distant objects \_\_\_\_\_

Avoiding close work \_\_\_\_\_

Short attention span \_\_\_\_\_

Daydreaming \_\_\_\_\_

Turning of head so as to use one eye only \_\_\_\_\_

Tilting head to one side \_\_\_\_\_

Placing head close to book or desk when reading or writing \_\_\_\_\_

Excessive Blinking \_\_\_\_\_

Tending to rub eyes \_\_\_\_\_

Closing or covering one eye \_\_\_\_\_

Dislike for tasks requiring sustained visual concentration (reading) \_\_\_\_\_

Nervousness, irritability, or restlessness after maintaining visual concentration \_\_\_\_\_

Unusual fatigue after completing a visual task \_\_\_\_\_

Losing place while reading \_\_\_\_\_

Using finger or marker to guide eyes \_\_\_\_\_

Saying the words aloud or lip-reading \_\_\_\_\_

Difficulty in remembering what is read \_\_\_\_\_

Persistent reversals \_\_\_\_\_

Confusion of similar words \_\_\_\_\_

Unusual awkwardness \_\_\_\_\_

Skipping or rereading lines \_\_\_\_\_

Complaint of letters and lines "running together" or of words "jumping" \_\_\_\_\_

Slow reading or word calling \_\_\_\_\_

Frowning, excessive thinking, scowling, or other facial distortions while reading \_\_\_\_\_

Excessive head movements while  
reading \_\_\_\_\_

Poor perceptual ability, such  
as confusing o and a; n and m;  
etc. \_\_\_\_\_

Tendency to identify word by  
first few letters only (the  
for them, etc.) \_\_\_\_\_

Complaint of blur when looking  
up from close work \_\_\_\_\_

Seeing objects double \_\_\_\_\_

Undue sensitivity to light \_\_\_\_\_

Items failed on Keystone Test

-- depth \_\_\_\_\_

fusion \_\_\_\_\_

far point \_\_\_\_\_

near point \_\_\_\_\_

color disturbance \_\_\_\_\_

Rotation of drawings \_\_\_\_\_

Correct perception of eye  
images doubtful \_\_\_\_\_

Poor ocular pursuits  
(describe in report) \_\_\_\_\_

Additional Comments:



## REFERRAL

Referral for visual screening, diagnostic evaluation, or placement in a special education program may be made by any individual. Once the referral is made to the school district, it is directed to the "appropriately designated committee of the school." (Bulletin 711) This policy allows for much local flexibility in procedure, but the result of such action is placement in an appropriate educational setting--which is least restrictive in nature.

### I. Resources

- A. School Personnel
- B. Supportive Agencies
- C. Medical Community
- D. Interested Individuals
- E. Texas School for the Blind
- F. Regional Resource Center
- G. Regional Coordinating Committee

### II. Role and Responsibility

- A. School Personnel
- B. Supportive Agencies
- C. Medical Community
- D. Interested Individuals

- to refer any child to the appropriate school district for appraisal when it is suspected that he is not achieving his maximum potential due to a visual handicap.

E. Texas School for the Blind

- to refer any student to his local school district when it is expected that the student may be appropriately served in his home community.

F. Regional Resource Center

- to serve on a zero-reject basis referrals of complex, rare, and inexplicable cases of handicapped pupils where all known local and regional resources have been exhausted.

G. Regional Coordinating Committee

- to refer students currently served in a program in the region to other programs in the region when it is determined that the student would benefit from the transfer. To refer students from the region to the Texas School for the Blind when it is determined that they cannot be served appropriately with the available resources of the region. To contact the Regional Resource Center for assistance when it is determined that a student may be considered complex, rare, and inexplicable.

III. Implications for Staff Development

A. School Personnel

- Staff development sessions should impart the following information:
  1. referral procedures within school system
  2. responsibilities of individual staff members in the referral process

B. Supportive Agencies

C. Medical Community

- should be furnished with a list of the names and addresses of appropriate persons to contact within each school district for referral purposes.

D. Interested Individuals

- utilize news media for disseminating information regarding referral procedures.

E. Texas School for the Blind

- Superintendent should be notified that (1) Texas School for the Blind will be receiving referrals from the Regional Coordinating Committee and (2) school districts will be expecting referrals from Texas School for the Blind regarding any students from Region V which may be expected to succeed in their community programs.

F. Regional Resource Center

- no staff development required

G. Regional Coordinating Committee

- must be aware of the following:

1. committee's role in making referrals to the Texas School for the Blind and to the Regional Resource Center
2. committee's responsibility to explore programming possibilities within the region for visually handicapped children experiencing difficulty in present school placement. This would occur at the request of the local director of special education.



### FOLLOW UP

Follow-up procedures must be set in place to assure that educational programming is appropriate and effective for the students it serves. Educational accountability can be assured when this mechanism is formally set into place--monitoring organizational as well as individual pupil achievements and deficiencies.

Each school district, through its appraisal process, assures that closure is reached concerning each child referred for its attention and continues to monitor his progress through reevaluation of educational plans. Texas Commission for the Blind caseworkers make frequent assessments of a child's adjustment to society as well as the family's adjustment of their handicapped child and his special needs. Their rehabilitation counselors contact clients and their employers on a regular basis after job placement is a reality.

Follow-up procedures must be ongoing and the information gathered must be reviewed and considered for the determination of necessary programmatic modifications as well as modifications of specific interventions for specific students or clients.

PRE-ACADEMIC DEVELOPMENT  
AND  
PARENT INVOLVEMENT

"...in terms of intelligence measured at age 17, from conception to age 4, the individual develops 50% of his mature intelligence, from ages 4 to 8, he develops another 30%, and from 8 to 17, the remaining 20%." (Bloom, 1964)

With early intervention during this critical period of rapid intellectual growth, visually handicapped infants can acquire many of the attitudes and skills so necessary to the attainment of their true potential. With particular meaning for educators of visually handicapped children in Texas, the Mallas Report (1973) cites the lack of early intervention as one of the state's major shortcomings in providing optimum educational opportunities for this very special group. This model for providing comprehensive services to visually handicapped children recognizes this critical need. It provides for the coordination of the efforts of the Texas Commission for the Blind and the school district which are directed toward the involvement and education of the family and the development of pre-academic skills in the child himself.

Early intervention into the lives of blind and low vision infants and their families which leads to pre-academic development must be a composite of the following: emotional and physical nurturance, sensory-motor stimulation, encouragement of environmental exploration, play, the development of a positive attitude



toward learning, and the further development of necessary pre-academic behaviors and skills.

### Emotional and Physical Nurturance

All infants share the need for love, attention to physical needs, and a secure environment. The visually handicapped child must have these crucial needs met in order to develop a healthy sense of trust and security. In the very early years, the family--and particularly the mother--is the primary source of love and physical comfort. It is from these earliest interactions that the child learns to relate to himself and to others. He learns to express his feelings and to respond to his environment appropriately. Social-emotional development in the blind or visually handicapped young child must be conscientiously attended to and assistance must be offered to the parents at the earliest date possible. A positive parental attitude will create the solid foundation so necessary to the formation of a healthy self-concept in a handicapped child. Without such acceptance, love, and approval, even the strongest educational program will be extremely limited in terms of effective intervention and influence.

### Sensory-Motor Stimulation

All sensory modalities must be conscientiously developed not only by incidental attention but by carefully structured experiences early in the life of a visually handicapped child. The more completely the child learns to utilize his residual vision and his auditory and tactual senses, the greater the clarity of his perceptions and concepts. Movement is the means available to the blind child or child with low vision for validating his perceptions



and impressions. Sensory-motor stimulation is the necessary prerequisite to cognitive development.

### Environmental Exploration

Stimulation of natural curiosity and motivation in the visually handicapped child is essential for they are the springboard to all future learning. It must also be recognized that visual cues are our primary means of arousing this necessary motivation and without such stimulation, alternative means of causing a child to reach out for his world must be sought. Initially, his world must be brought to him, and each experimental experience must be rewarding and must entice him to search again.

We discuss knowledge of environment in relation to the development of concrete, meaningful concepts. Educators directly link environmental awareness with one's self-concept and perceptions of self as an integral part of the living and the physical world. At a very early age, children should feel that they have some control of their environment. This will begin, of course, at a very simple level. Pushing and pulling, opening and closing, require simple movements and yet the child recognizes that he has affected change in his environment. As he grows older, he will learn to recognize household objects and simple tools--this requires carefully structured guidance from his family. Everyday concepts must be experienced and practiced if these special children are to become active participants in their world. Certainly, positive self-concepts result from the satisfaction

of having a noticeable impact on family, peers, and physical setting. Such experiences can be structured by creative parents.

"Children must have the opportunity to associate feelings of satisfaction produced by simple changes in the environment with their own efforts. They need to exert themselves in an independent and effortful way and to observe satisfying environmental changes as a consequence of their actions." (Butler, 1973)

In essence, the child must perceive himself as an achiever, and this is accomplished only after he has explored and experienced his environment.

### Play

What most children learn visually and through natural imitation, visually handicapped children must be patiently taught. The feelings of love and warmth which grow into feelings of self-worth and identity are the foundations of a happy attitude and enjoyment of play. Parents of visually handicapped children must learn to teach those play activities which their children cannot imitate from visual example. Playtime is the time for verbal interactions so crucial to social-emotional development and must be an important part of each day for the visually handicapped child and his family. Play is the catalyst for creative thought and this is essential to future academic success and emotional flexibility. Finally, play is a life-long pleasure which must become natural and spontaneous when the child is very young. Pre-academic development must certainly include the learning of play activities and the stimulation of verbal interaction.



### A Positive Attitude Toward Learning

A child's positive attitude toward learning begins in the early years at home--in a secure environment--completing tasks at which he can succeed with people he loves and trusts. Parents are powerful models for their children and can be the primary motivating force in their child's search for identity, success, and involvement.

The vast majority of literature which concerns the young blind and visually handicapped child stresses the need for development of self-reliance and independence. It is in this area that the family group profoundly affects the child's development. First must come the realization that self-reliance does not depend on the ability to see. Self-reliance is a result of the parents' attitudes toward the visual impairment. As Verda Heisler stressed, "The child should not carry the additional handicap of emotional dependence on external direction and control." (Heisler, 1972) Parents must encourage their child's capacity for self-direction.

Early and successful experiences in learning to play, to explore, and to make an impact on the environment--coupled with self-reliance and self-direction--create a positive attitude toward learning and the academic experience which awaits the young blind child.

### Pre-Academic Skills

All children require preparation for academic work. Current school programs set a tremendous pace for first grade students.



Readiness activities are accelerated and formal learning begins within only a few weeks or months. The entry level for school demands that the visually handicapped child have a fairly high level of experience and skills. For successful entry into such academic programs, visually handicapped children must be able to identify and use the various tools used in the environment. They must be able to hold and use pencils, crayons, and the many other materials used in instruction. They must be familiar with household, garden, and carpentry tools since these basic concepts are part of the early curriculum. The visually handicapped child should be adept in the self-care skills just as their sighted peers will be. They must be able to dress and undress themselves, be toilet trained, and be able to feed themselves. They must also be able to complete realistic tasks. It is evident that without these basic skills the readiness stage will be lengthened or delayed and academic success will be jeopardized. It is also evident that parents who are committed to preparing their visually handicapped children for school can teach these basic skills to them in anxiety-free situations within the home.

### PARENT INVOLVEMENT

The most vital force in the life of a blind or visually handicapped infant is his family. They share the awesome responsibility of providing love, nurturance, comfort, and encouragement to a child with very special needs while trying to cope with their own feelings of frustration, despair, and confusion. The manner in which they are able to cope may well be determined by the amount of positive and professional intervention they receive from supportive agencies at the earliest opportunity.

In reviewing the six dimensions of pre-academic development--emotional and physical nurturance, sensory-motor stimulation, encouragement of environmental exploration, play, the development of a positive attitude toward learning, and pre-academic behaviors and skills--it is readily apparent that the family constitutes the most powerful educational and emotional influence on the young blind child.

How do we as educators and administrators involve parents in the total programming effort for their visually handicapped child? Since earliest intervention is essential, parent education and parent counseling groups should be organized jointly by Early Childhood Education and/or Head Start Programs, caseworkers for the children's program within the Texas Commission for the Blind, and any organization or agency interested in interfacing with these programs for the accomplishment of compatible goals.

The parent education staff must work closely with each family unit and set highly individualized goals for each. Provisions should be made for care of the children during classtime to encourage attendance and concentration to task. Following class discussion, individual assignments are given to each family for the following week. The assignments should require the parents to practice a technique or to teach a particular skill to their child during the interval between classes. At the beginning of the next classtime the parents will report on their progress to the other members of the group. This facilitates group interaction and sharing of problems and successes and creates a therapeutic environment for the parents as well.



## I. Resources

### A. Parents-Family

### B. Agencies

Texas Commission for the Blind

Texas Mental Health and Mental Retardation

### C. School Personnel

Certified VH Teachers

Early Childhood Education Staff

Head Start Staff

School Counselors

Administrators

### D. Education Service Center

## II. Roles and Responsibilities

### A. Parents-Family

1. To provide for pre-academic development for their child within the secure environment of the home.

This would include the following:

- a. emotional and physical nurturance
  - b. sensory-motor stimulation
  - c. encouragement of environmental exploration
  - d. play
  - e. development of a positive attitude toward learning
  - f. development of pre-academic behaviors and skills
2. To seek assistance from the Texas Commission for the Blind or other supportive agencies
  3. To attend parent education classes conducted by the Early Childhood Education staff, Head Start staff, and/or by the Texas Commission for the Blind

4. To become actively involved in the educational program their child enters

B. Agencies

Texas Commission for the Blind

1. To aid the parents in training their visually handicapped child by counseling them regarding appropriate techniques and approaches.
2. To cooperatively plan and conduct parent education classes with the local school district, the education service center, and/or other supportive agencies.

Texas Mental Health and Mental Retardation

1. To aid the parent eligible for their services in training their visually handicapped child by counseling them regarding appropriate techniques and approaches.
2. To cooperatively plan and conduct parent education classes with the local school district, the education service center, and/or other supportive agencies.

C. School Personnel

Certified VH Teachers

- to cooperatively plan and conduct parent education classes with the local school district, the education service center, the Texas Commission for the Blind, Texas Mental Health and Mental Retardation, and other supportive agencies.

### Early Childhood Education and/or Head Start Staff

1. To provide for pre-academic development of visually handicapped children assigned to their classes.
2. To cooperatively plan and conduct parent education classes with the local school district, the education service center, the Texas Commission for the Blind, Texas Mental Health and Mental Retardation, and other supportive agencies.

### School Counselors

- to assist the Early Childhood Education and/or Head Start staff members in counseling with parents of visually handicapped children regarding their involvement in the pre-academic development of their child

### Administrators

1. To support parent involvement in Early Childhood Education and/or Head Start programs
2. To support and make necessary physical arrangements for parent education classes within his school if that is to be the location as decided by a joint committee of all cooperating agencies

### D. Education Service Center

1. To cooperatively plan and conduct parent education classes
2. To lend consultative services to the parent education classes when appropriate

## III. Implications for Staff Development



A. Parents-Family

- Parents should attend parent education classes on a continuing basis.

B. All agency and school personnel charged with the planning and conducting of parent education classes should have the following skills:

1. knowledge of an array of techniques for working with visually handicapped infants and children (ages 0-6)
2. task analysis skills
3. emotional-social development skills
4. skills in verbal interaction patterns with infants
5. techniques for sensory-motor stimulation
6. orientation skills to facilitate environmental exploration
7. techniques in teaching visually handicapped children to play
8. techniques for developing self-reliant learners
9. techniques to increase motivation and curiosity
10. skills in developing pre-academic skills and behaviors
11. skills in planning parent education sessions
12. skills in training parents to work with their children
13. skills in leading group discussions

C. School Personnel

Certified VH Teachers

Early Childhood Education Staff

Head Start Staff

1. Staff development sessions should include the following for personnel directly involved in

working with pre-school and early childhood students who are visually handicapped:

- a. knowledge of and expertise in utilizing an array of techniques in working with the pre-academic visually handicapped child (such as are listed above for agency personnel).
  - b. a thorough knowledge of developmental stages of the handicapped child and appropriate means of assessing those stages and intervening positively.
  - c. methods for stimulating motivation and natural curiosity in children without the visual sense.
  - d. skills in task analysis relative to each child's strengths and deficits
2. Staff development sessions should include also the following when staff will be directly involved in working with parents either on a personal basis or in the group situation of the parent education class:
- a. skills in instructing others to work effectively with the pre-academic visually handicapped child.
  - b. skills in assessing the limitations and strengths within the parents and family members themselves in working with their children.
  - c. methods in dealing professionally with the emotions and fears of parents as they discuss their progress or failure with one another.

- d. skills in leading group discussions which are non-threatening and productive.

#### School Counselors

- Staff development sessions should include the following:
  - a. sensitivity to the personal needs of parents and family members which hinder positive interactions between parent and child.
  - b. methods for assisting other school staff members in involving parents of visually handicapped children in their pre-academic development.

#### Administrators

- a thorough understanding of the purpose of parent involvement in the pre-academic development of their visually handicapped child

#### D. Education Service Center

- Staff should be sensitive to the necessity for the creation of a climate for parent education classes which facilitates a relaxed and positive attitude toward involvement and sharing.



## TEACHING/LEARNING PROCESS

As visually handicapped children enter an academic setting, careful attention must be paid to the common needs which they share with all children and the unique needs shared to some degree by most children with a visual loss.

### Specialized Curriculum

The basic premise underlying this model for delivery of services to visually handicapped children revolves around the necessity of providing a specialized curriculum designed to serve their unique needs. These needs must be met through careful programming and assistance from a teacher certified in deficient vision. Educational programming for this low incidence population is far from adequate if it provides only the basic curriculum available for their sighted peers. Because the visual sense is impaired the remaining senses must be highly developed, the use of specialized materials must be mastered, and orientation and mobility skills (essential in the development of independent citizens) must be an integral facet of the total educational effort. As these specialized skills are discussed, it is important to note their close interrelation to increased potential for success in the regular academic program.

The specialized curriculum has been grouped into four major sections: Personal Competencies and Self-Adjustment, Prevocational

Knowledge, Communication Skills and Abacus and Computational Devices. (Barraga, 1975)

### Personal Competencies and Self-Adjustment

Blind and low vision children lack a visual model to imitate and to learn from making the acquisition of daily living skills and an accurate body image very difficult. Simple household tools are most difficult to recognize and to utilize properly. These skills must not be left to chance but must be programmed into the entire educational sequence which spans from the earliest entrance through graduation. The level of skill acquisition will, of course, become more sophisticated as the child matures, and school administrators must be sensitive to the need to include these students in homemaking, shop, physical education programs, family life classes, and music. Amazingly, it is not uncommon to find visually handicapped students denied entrance into programs such as these.

Social skills must be taught by a specially trained teacher who is sensitive to the need for her students to interact in a sighted world. Expressions of feeling and discussions of any subject are more difficult without visual feedback. The low vision child must be encouraged to take the initiative in approaching his sighted peers and must be taught appropriate social responses to the vast range of experiences he will encounter.

Orientation and mobility skills are universally recognized as essential to the total development of a blind or low vision student. Movement and exploration must be a free and natural process for all



children. Curiosity is the natural motivation for children's exploration of their world, but children who lack visual stimulus need qualified assistance in their search. Orientation and mobility must be made an early and integral part of the program so that movement and freedom are a natural way of life rather than learned skills. It is essential for the purpose of this model to distinguish between orientation and mobility in terms of responsibility. The certified VH teacher must assist her students in their orientation to the environment. This includes knowledge of such concepts as position, relation, direction, as well as assistance in exploring familiar environments. Mobility is a skill which must be taught by a trained O & M instructor. It involves the use of mobility aids and a variety of techniques which will lead to independent travel and ever-increasing freedom.

The development of a positive self-concept is perhaps the most essential task of the VH teacher. This aspect of the child's training is a collage of each of the other skills required to develop confidence and competence. As the visually handicapped student is guided through school, he should be given all the data necessary to formulate his personal identity. In essence, the child must perceive himself as an achiever. It is this concept which leads the child to independence.

### Prevocational Knowledge

This second category of specialized curriculum involves career education and must begin with the child's entrance into a school program. The visually handicapped student should emerge



from school with the knowledge of a wide variety of occupations and an awareness of the skills and competencies necessary to accomplish the tasks involved. There are two important outcomes of such a program. First, the recognition of the close inter-relation between subject matter and actual vocations makes many abstract concepts more relevant to the visually handicapped student. Secondly, he will have a large repertoire of careers from which to choose and the data from which to make realistic decisions.

### Communication Skills

Communication is a complex process by which information is exchanged by verbal or written message. For the blind child or the child with low vision the process of communicating thoughts and ideas requires a set of unique skills.

Braille reading and braille writing are essential communication skills for the individual whose functional vision is extremely limited or nonexistent. A visual acuity score from a medical record does not offer a firm guideline to the teacher who must make the decision regarding the appropriate reading medium. A child's use of his residual vision, his desire to read print, any accompanying handicaps, and intelligence are but a few factors to consider. Large print materials are available for those low vision children who are visual learners. The portable slate and stylus is introduced to children in the upper grades as a more convenient means of taking notes in braille.

Typing is a very useful skill which must be a part of the specialized curriculum the visually handicapped child receives from his special education teacher. Typing skills may be taught as early as the third or fourth grade and once mastered, greatly facilitate integration into the regular classroom when appropriate. Typing offers a means for communicating very quickly and easily with sighted peers, teachers, and family. For the braille student typing also increases spelling skills.

The certified VH teacher must utilize her expertise in developing tactual skills and cognitive recall and retrieval skills in her students since their visual functioning is limited.

Of utmost importance to visually handicapped students is the development of listening skills. This program should begin very early in the child's education and become his primary reading medium. Large type and braille materials require a great deal more time and energy from a child than recorded materials. However, a child must be trained to be an efficient listener and the teacher must select the instructional sequence which moves from short, simple-to-understand material to more lengthy and complex material. The child must be required to give oral or written feedback regarding the information he has heard so the teacher can monitor his progress and insure that the child is experiencing success. The college-bound student will find highly developed auditory skills a necessity. Long range planning for such students is crucial. Compressed speech and advanced communication skills must be developed and maintained.



Within the last decade educators of children with residual vision have learned to increase their student's functional vision through the use of sequential activities and suggested materials. (Barraga, 1964) Children who receive such intervention at an early age benefit from increased visual functioning, increased visual stimulation, greater awareness of their surroundings and, therefore, have fewer educational deficits. All sensory modalities must be conscientiously developed not by incidental attention but by carefully structured instructional planning. The more completely the child learns to utilize his remaining senses, the more accurate are the concepts he develops.

#### Abacus and Computational Devices

Arithmetic concepts are abstract and very difficult for many visually handicapped children to comprehend. The abacus, the numeraid, and the calculaid are concrete computational devices which require specialized training in order to be utilized correctly. Their benefits are numerous and must be included in the specialized curriculum for the visually handicapped child.

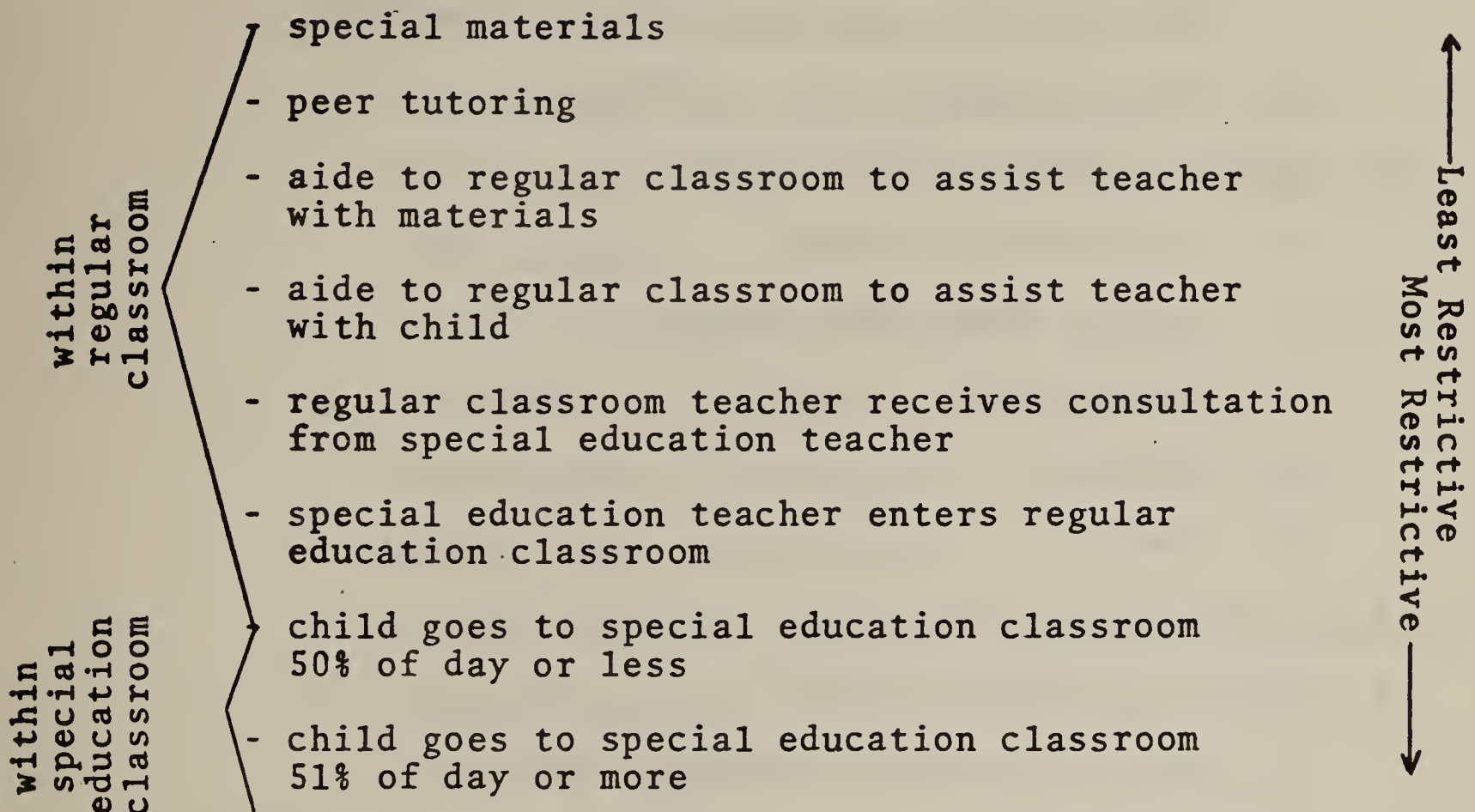
#### Regular Education Curriculum

Determination of each child's ability level, tolerance for regular classroom settings, likelihood for success in each particular subject area and a myriad of other factors must be considered when selecting the appropriate educational environment.

A wide range of alternatives exist within most school settings which facilitates the selection of the most appropriate and least restrictive placement for each student who is to receive curriculum instruction.



The following chart suggests a few of these placement alternatives which range from the least restrictive to the most restrictive in nature.



Note: Any combination of the above may be utilized to best serve the visually handicapped student.

## I. Resources

### A. Specialized Curriculum

1. Special Education Administrator
2. Certified VH Teacher
3. Certified special education teacher with skills in developing auditory and tactual skills, cognitive recall and retrieval, self-care skills, and manipulative skills--to be utilized in the areas of his or her training.

4. Regular education teacher (after appropriate training and/or consultation from a certified VH teacher)
5. Teacher aide (under the same conditions as indicated for regular education teachers)
6. Texas Commission for the Blind

B. Regular Education Curriculum

1. Certified VH teacher
2. Regular education teacher
3. Teacher aide
4. Tutors
5. Peers

II. Roles and Responsibilities

A. Specialized Curriculum

1. Special Education Administrators
  - a. to encourage a cooperative teaching relationship among special education teachers, regular education teachers, and vocational education teachers
  - b. to attend the Regional Coordinating Committee meeting when a student from the LEA is being discussed
2. Certified VH Teacher
  - a. to evaluate each student's specific needs within the specialized curriculum categories
  - b. to provide each child with the specialized skills which will meet his unique needs

- c. to meet with the Regional Coordinating Committee concerning each visually handicapped child she serves in order to provide input and gain direction in her instructional planning

3. Certified Special Education Teacher

- a. to provide those specialized skills to the visually handicapped child assigned to her for that purpose
- b. to meet with the certified VH teacher to whom the child is assigned on a regular basis for the purpose of evaluating progress and determining future strategies
- c. to meet with the Regional Coordinating Committee concerning each visually handicapped child she serves in order to provide input and gain direction in her instructional planning

4. Regular Education Teacher and

5. Teacher Aide

- to provide instruction in or support of certain specialized skills as determined appropriate by a certified VH teacher. This instruction and/or support should occur only after receiving training and consultation from a certified VH teacher.

6. Texas Commission for the Blind

- a. to provide orientation and mobility instruction to those students who qualify for this service



- b. to attend Regional Coordinating Committee meetings regarding each child jointly served

## B. Regular Education Curriculum

### 1. Certified VH Teacher

- a. to assist the ARD Committee, where each visually handicapped child should receive instruction in the regular academic subject areas, what additional assistance is necessary, and which materials should be modified
- b. to plan cooperatively with regular education staff
- c. to provide assistance in modifying materials, transcribing braille materials, etc.
- d. to provide feedback to ARD Committee regarding the child's progress

### 2. Regular Education Teacher

- a. to provide instruction in regular curriculum as determined by ARD Committee
- b. to plan cooperatively with certified VH teacher
- c. to provide feedback to VH teacher and to the ARD Committee regarding the child's progress

### 3. Teacher Aide

### 4. Tutor

### 5. Peers

- to provide instruction under very carefully specified and supervised conditions and only in addition to teacher instruction

### III. Implications for Staff Development

#### A. Specialized Curriculum

1. Special Education Administration - Must be acquainted with and committed to the inclusion of the specialized curriculum in programming efforts for visually handicapped students--suggest an overview session for administrators and regular education teachers who will have visually handicapped students assigned to them. This session might include the following:
  - a. the unique programming needs of the visually handicapped student and the ways in which a special education administrator deals with these needs
  - b. techniques to be employed in the school which will facilitate participation of visually handicapped students (i.e., marking objects and rooms with braille labels, etc.)
2. Certified VH Teachers - Must keep abreast of the latest techniques and innovations in their field as well as in the field of education in general to insure quality programming for the visually handicapped students assigned to them. Continued professional growth is the responsibility of every teacher and requires individual initiative as well as well-planned district and region-wide efforts to promote continued growth and education.

3. Certified Special Education Teachers - May provide certain of the specialized skills to visually handicapped students such as auditory training, cognitive recall and retrieval, etc. following a conference with the certified VH teacher which would determine appropriate strategies, techniques, and materials. This should be a cooperative venture and it would seem that the best staff development procedure in this case would be interaction between the two.
4. Regular Education Teachers and
5. Teacher Aides - Staff development would again rest with the certified VH teacher on a one-to-one basis or a grouping of teachers within the region who would be responsible for assisting the visually handicapped child in the same specialized skills.
6. Texas Commission for the Blind - None indicated.

B. Regular Education Curriculum

1. Certified VH Teacher - Again, continued professional growth guided individually and by the district or region. The certified VH teacher must remember that her goal is to prepare the visually handicapped student for receiving instruction in the regular academic subject areas and becoming a competent and confident member of our sighted world.
2. Regular Education Teachers and



3. Instructional Aides - Staff development efforts must be directed as a group activity for all regular education teachers and their aides in the region for the purpose of understanding the following:
  - a. the necessity of including visually handicapped children who can achieve a measure of success in the regular program within their classrooms
  - b. their unique contribution to the visually handicapped students' educational experiences
  - c. necessary modifications of materials and the assistance they can expect from the certified VH teacher assigned to their student.

On an individual basis, it is crucial for the certified VH teacher to offer specific modification suggestions for each visually handicapped student. Every child is an individual and his eye condition, the prognosis, the medical restrictions, and the child's own tolerance for classwork are all factors which must be given careful consideration. These factors should be discussed with every regular education teacher who will be teaching a visually handicapped student as they will greatly affect the child and his productivity and success in the regular classroom.

4. Tutor - Staff development implications for tutors are identical to that for the regular education teacher and instructional aides, with this exception--

the tutor must be carefully supervised and offer instruction in addition to that provided by trained teaching staff.

5. Peers - Must be told of their classmate's handicap in an honest and open manner. Peer tutoring must not only be encouraged, but the visually handicapped child must also be given opportunities to share and assist his classmates.

**Note:** Implications for staff development for the Teaching/Learning Component have not been explicit--for each teacher has differing needs for professional growth and will benefit from a variety of different strategies and approaches. This enormous topic can be individualized appropriately by instructional supervisors who are sensitive to the needs of the individual teachers under her leadership and should plan jointly with each teacher to arrive at the most effective and beneficial in-service topics.

## ASSESSMENT

All comprehensive programs, with their goal aimed at providing the means through which handicapped children may reach their greatest potential, cannot ignore the multi-disciplinary approach. This is particularly true of the assessment component. Each individual has many facets, and teachers cannot approach their students from an educational standpoint alone if they are going to meet with success. The "whole child" must be considered--his physical, mental, and emotional needs must be recognized, understood and, if possible, satisfied.

Assessment of each visually handicapped child should involve a variety of disciplines and professionals. It is formative in nature for it is ongoing--even constant in some respects. The ultimate purpose of assessment is to yield information relevant to the decision-making process regarding appropriate intervention at a given time. The task of assessment is clarified and made more manageable when it is divided into the following seven dimensions: Home-Family Environment, Medical (Physical-Visual), Personal/Social Behavior, Body Image and Motor Development, Sensory Use and Function, Educational Assessment, and Intellectual Assessment.

### Home-Family Environment

The atmosphere of the home environment greatly affects affective and cognitive development in the visually handicapped



child. Parental expectations for their child's future and familial attitudes toward the child and his handicap must be assessed by parent conference and home visits. Caseworkers for the Texas Commission for the Blind, social workers, visiting teachers, and the child's classroom teacher are valuable resources for assessing the home-family environment.

#### Medical (Physical-Visual) Data

Medical information is vital to those planning for a visually handicapped child's educational and recreational program. To be relevant to this purpose, medical data must be gathered on reporting forms which illicit clear information and educational implications. For example, if a physical handicap is present, the physician must list restrictive conditions; and if there are none also clearly indicate that this is the case. The physician has a responsibility to his young patient to communicate meaningful information to all those individuals who are attempting to intervene positively in his life.

Educators also have a responsibility. It should become the policy of any educational program serving visually handicapped children to share information with all pediatricians, child specialists, and other physicians concerned with the welfare of the students. When questions about medication, behavior, or health problems arise, the teachers must make an effort to relate their questions to the proper physician. In turn, those physicians appreciate receiving information which pertains to their patients.

A teacher, trained to observe the needs and behaviors of children, can provide valuable information to physicians which no other person can provide so well. The teachers sees the child in a different setting and picks up important cues which a parent may fail to see or choose to ignore.

The teaching staff should work closely with their student's eye specialist in sharing information important to both. Teachers need to be aware of the causes of each visual impairment and to understand their educational implications. Ophthalmologist often rely on professionally trained teachers to relate conditions of visual fatigue, the ease with which children wear their glasses, and each child's level of visual functioning.

It is obvious that this policy of shared information is an important part of the ongoing physical and visual assessment which yields valuable planning information relative to the child's future.

#### Personal/Social Behavior

This dimension of assessment measures the child's ability to care for himself and his ability to relate to others. There are several tests designed for this purpose.

Anxiety Scale for the Blind by Richard E. Hardy; 1968; Grades 10-Adults; American Foundation for the Blind.

An experimental measure of manifest anxiety for use with the blind or partially sighted. The scale is administered orally.

Maxfield-Buchholz Scale of Social Maturity for Use with Preschool Blind Children by Kathryn E. Maxfield and Sandra Buchholz; 1958; Birth-6 years; American Foundation for the Blind, Inc.



The test is a revision of Maxfield-Field Adaptation of the Vineland Social Maturity Scale. The areas assessed are: self-help general, self-help dressing, self-help eating, communication, socialization, locomotion, and occupation.

Pre-school Attainment Record, Research Edition by Edgar A. Doll; c 1966; Ages 6 months to 7 years; American Guidance Service, Inc.

An expansion of the early age levels of the Vineland Social Maturity Scale. Provides an assessment of physical, social, and intellectual functions in a global appraisal of young children. Appropriate for children with or without, various types of physical, mental or socio-cultural handicaps. Subscores are: ambulation, manipulation, rapport, communication, responsibility, information, ideation, creativity.

### Body Image and Motor Development

The visually handicapped child's perception of his own body and the relationship of his body to other objects in space must be assessed in order to determine instructional needs. Certainly these perceptions must be accurate if the child is to develop meaningful and useful concepts from his perceptions. Training in body image is also essential to the gradual coordination of body movement and verbal cues so vital to later mobility training. The Body Image Scale (Cratty and Sams, 1968) and the Scale of Orientation and Mobility Skills (Lord, 1967) are two tests which are nationally recognized for this purpose.

### Sensory Use and Function

Assessment of sensory use and function yields information about the ways in which a child gathers information--the strengths and weaknesses of each of the sensory modalities. We are also



assessing the need to intensify the visually handicapped child's use of alternate senses due to the imposed restrictions of the handicapping condition.

Visual Efficiency Scale by Natalie C. Barraga, Editor; 1970; Preschool and above; American Printing House for the Blind, Inc.

Designed to assess the functioning of visual behavior in low vision children. The Scale is the assessment component of the low vision kit, a training program comprised of developmentally arranged visual-discrimination objectives and related training exercises.

Roughness Discrimination Test by Carson Y. Nolan and June E. Morris; 1965; Grades K-1; American Printing House for the Blind.

A measure of the ability to use the tactile receptors and hands in a coordinated fashion.  
A readiness test for braille instruction.

### Educational Assessment

Educational assessment instruments indicate a child's current level of academic functioning. The results of such assessment data enables the teacher to determine future directions for her students and evaluate her own performance in relation to goals met and unmet. The following is a list of assessment instruments which can be extremely valuable to the classroom teacher.

Braille Informal Reading Inventory by Allen Berger and Constance Kautz; Not Dated; Grades K-7; Allen Berger.

Designed to determine the reading level and specific strengths and weaknesses in the reading ability of blind children. Adapted from Sheldon Basic Reading series. Subscores are: word recognition-vocabulary, comprehension-reading (oral, silent), comprehension-listening.

Colorado Braille Battery: Literary Code Tests: Pretest  
by Richard W. Woodcock and Stanley E. Bourgeault; 1964;  
Children and adults; American Printing House for the  
Blind, Inc.

A screening test to determine the general level  
of ability to read Grade 2 braille. The test is  
group administered. Can also be used with sighted  
individuals to determine knowledge of braille.

Colorado Braille Battery: Literary Code Tests-Beginning  
Level by Richard W. Woodcock and Stanley E. Bourgeault;  
1964; Grades 1-2 and adults; American Printing House for  
the Blind, Inc.

A group administered test of the ability to read  
Grade 2 literary code, the elements of braille,  
and the rules governing the use of the code. Can  
be administered to sighted individuals to test  
their knowledge of braille. Subscores are:  
letters test, punctuation and signs of composition,  
and word form test.

Colorado Braille Battery: Literary Code Tests-Intermediate  
Level by Richard W. Woodcock and Stanley E. Bourgeault;  
1964; Grades 2-3 and adults; American Printing House for  
the Blind, Inc.

A group administered test of knowledge of the  
elements of Grade 2 literary code and the rules  
governing its use. Can be administered to sighted  
individuals to determine their knowledge of the  
braille code. Subscores are: punctuation and  
signs of composition and word form test.

Colorado Braille Battery: Literary Code Tests-Advanced  
Level by Richard W. Woodcock and Stanley E. Bourgeault;  
1964; Grades 4-12 and adults; American Printing House for  
the Blind, Inc.

A group administered test of knowledge of the  
elements of Grade 2 literary code and the rules  
governing its use. Can be administered to sighted  
individuals to determine their knowledge of braille.  
Subscores are: punctuation and signs of composition  
and advanced word form test.

Colorado Braille Battery: Nemeth Code Tests-Beginning  
Level by Richard W. Woodcock and Stanley E. Bourgeault;  
1964; Grades 4.0-9.9 and adults; American Printing House  
for the Blind, Inc.



Measures knowledge of the Nemeth Code for mathematical notation and the ability to do number work in braille. The test is group administered. Can also be used with seeing individuals such as braille transcribers or teachers of the blind.

Colorado Braille Battery: Nemeth Code Tests-Intermediate Level by Richard W. Woodcock and Stanley E. Bourgeault; 1964; Grades 8.9-12.0 and adults; American Printing House for the Blind, Inc.

Measures knowledge of the Nemeth Code for mathematical notation and the ability to do number work in braille. The test is group administered. Can also be used with sighted individuals such as braille transcribers or teachers of the blind.

Psychoeducational Inventory of Basic Skills and Personal Development by Franklin E. French; c 1970; Preschool; Mafex Associates, Inc.

A checklist designed to enable estimation of child's developmental level based upon observation of his behavior. Behaviors are grouped into the following areas of functioning: social-emotional development, sensory discrimination, gross motor development, visual-motor coordination, perceptual integration, academic skills, and self-care.

Perkins-Binet or Wechsler Intelligence Scale for Children

Use verbal portions. Present levels of functioning are indicated--not future potential.

Stanford Achievement Test 1973 (Morris 1974)

Adapted for use with visually handicapped students.

### Intellectual Assessment

Intellectual assessment of visually handicapped children yields information which must be considered cautiously. There is no evidence that intelligence tests are true predictors of future academic success for these students. The real value of this data is in identifying abilities and deficits in the child which can be gathered



from various subtests. Bullard and Barraga (1971) organized the following categories of mental tasks required in subtests of intellectual instruments: (1) immediate recall, (2) association, (3) logical thinking, (4) discrimination, (5) spatial relations, (6) deductive reasoning, (7) inductive reasoning, (8) imitation, (9) generalization, (10) attention span, and (11) language development. (Barraga, 1975) This approach will yield a profile of specific strengths and weaknesses rather than the standard test score. Teachers and diagnosticians can then add this additional information to the array of data collected about the student from all dimensions of the assessment procedure--resulting in more reliable and realistic educational planning.

Blind Learning Aptitude Test (BLAT) by Newland, 1961

This test is based on abstract symbol discrimination, recognition, and association. Culturally neutral.

Haptic Intelligence Scale for the Blind by Harriett C. Shurrager, Phil S. Schurrager; c 1964; Adults; Psychology Research.

A nonverbal intelligence test which yields six scores: digit symbol, block design, object assembly, object completion, pattern board, and bead arithmetic.

Interim Hayes-Binet Intelligence Test for the Blind: 1942 by Samuel P. Hayes; 1942; Ages 7-adults; Houghton Mifflin Company for the Perkins School for the Blind.

A revision of the Stanford-Binet Tests of Intelligence.

The Ohwaki-Kohs Tactile Block Design Intelligence Test for the Blind by Yoshikazu Ohwaki; c 1965; Ages 6+; Western Psychological Services.

Stanford-Ohwaki-Kohs Block Design Intelligence Test for the Blind by Richard M. Suinn and William L. Dauterman; c 1965-66; Ages 16-adults; Western Psychological Services.

An American revision of the Ohwaki-Kohs Test. For use with the partially sighted and functionally blind. Subject is required to reproduce a stimulus design by assembling blocks.

Wechsler Intelligence Scale for Children by David Wechsler; Ages 5-15; Psychological Corporation.

Use verbal portion. Six subscores: information, comprehension, arithmetic, similarities, vocabulary, digit span.

Wechsler Adult Intelligence Scale by David Wechsler; Ages 16-adult; Psychological Corporation.

Use verbal portion only. For visually handicapped students above 16 years of age.

**Note:** Information regarding the above-mentioned tests was taken from the following sources:

Tests for the Blind  
Educational Testing Service  
Princeton, New Jersey 08540

Visual Handicaps and Learning: A  
Developmental Approach  
Natalie C. Barraga (in press)

Buros, Oscar K., Editor. The Seventh  
Mental Measurements Yearbook. Highland  
Park, New Jersey; The Gryphon Press,  
1972.

**Publisher addresses:**

American Foundation for the Blind, Inc.  
15 West 16th Street  
New York, New York 10011

American Printing House for the Blind  
1839 Frankfort Avenue  
Louisville, Kentucky 40206

Allen Berger  
Coordinator, College Reading Services  
Southern Illinois University  
Carbondale, Illinois 62901

Mafex Associates, Inc.  
111 Barron Avenue  
Box 519  
Johnstown, Pennsylvania 15907

Psychology Research  
Box 14, Technology Center  
Chicago, Illinois 60616



## I. Resources

### A. Medical Personnel

Ophthalmologists

Optometrists

Pediatricians

Child Specialists

Physicians

### B. School Personnel

Teachers

Visiting Teachers

Speech Therapists

Physical Therapists

Occupational Therapists

Diagnosticians

Counselors

Psychometrists

Psychologists

Administrators

### C. Regional Service Center

### D. Supportive Agencies

Texas Commission for the Blind

Texas Mental Health/Mental Retardation

Texas Department of Public Health

Texas Department of Public Welfare

### E. Diagnostic and Evaluation Center

## II. Roles and Responsibilities

### A. Medical Personnel

1. To communicate medical information in a clear, concise manner
2. To indicate any restrictions which must be placed on a child's activities due to a physical condition
3. To elaborate upon any medical data which has clear educational implications
4. To develop open lines of communication with all professionals who are actively involved in positively intervening in their patient's future

### B. School Personnel

#### - Teachers

1. To make certain that information relative to each student has been gathered in each of the seven dimensions
2. To gather information on each student, particularly in the Body Image and Motor Development, Sensory Use and Function, and Educational Assessment domains
3. To communicate with medical personnel regarding pertinent observations which might have a bearing upon medical diagnosis and/or medication (will have implications for staff development of medical personnel)

4. To communicate with all other school personnel regarding the information and data which they have gathered regarding each student and to provide gathered information to them--on a regular basis
5. To develop realistic educational plans for students after reviewing all assessment information

- Visiting Teachers

1. To visit the home and family of each of the visually handicapped students to gather information pertinent to Home/Family Assessment such as:
  - a. attitudes of the family toward the child and his handicap
  - b. expectations they hold for his future
  - c. need for medical assistance
  - d. ability to work cooperatively with school staff in providing continuity of approach to their child
  - e. information regarding the student's birth, infancy, and pre-academic development
2. To report information to the teachers, diagnosticians, and counselors in written form



3. To act as a liaison between home and school and to build a strong working relationship between the two
- Speech, Physical and Occupational Therapists  
To provide information in written form relevant to each visually handicapped child under their supervision and care after the initial assessment and at regular intervals thereafter
  - Diagnosticians, Counselors, Psychometrists, Psychologists
    1. To gather data on each of the visually handicapped students, particularly in the areas of Personal/Social Behavior, Educational Assessment, and Intellectual Assessment
    2. To carefully explain test instructions to the visually handicapped child in the testing situation. These children require more complete verbal instructions since visual cues are absent. The tester must be careful to explain when the task is timed, and when it is not.
    3. To modify instruments appropriately--utilizing large print and braille mediums when necessary and providing magnification and proper lighting if needed
    4. To develop a comfortable rapport with the student before testing begins

5. To interpret assessment data cautiously and in the light of all other known data about the student

- Administrators

1. To determine the appropriateness of the assessment procedures utilized in the assessment of visually handicapped students
2. To insure the test instruments used are modified for use with blind and low vision children (for example, tests may be reproduced in large type or braille)
3. To insure all dimensions of assessment are available before decisions regarding appropriate programming are made. These dimensions are:
  - a. Home-Family Environment
  - b. Medical (Physical-Visual)
  - c. Personal/Social Behavior
  - d. Body Image and Motor Development
  - e. Sensory Use and Function
  - f. Educational Assessment
  - g. Intellectual Assessment
4. To determine if appraisal personnel are equipped with appropriate skills to assess visually handicapped students and to interpret the data

5. To insure that all assessment information is available to the appropriate personnel

C. Regional Education Service Center

- To assist the school districts in the region by providing technical assistance--staff development, consultation, etc.--regarding the total assessment procedure

D. Supportive Agencies

- Texas Commission for the Blind

1. To share data gathered regarding the Home-Family Environment of each visually handicapped child or youth with the schools and other agencies concerned with serving visually handicapped children
2. To share Medical (Physical-Visual) information regarding each visually handicapped child or youth with school personnel and other agencies concerned with serving visually handicapped children
3. To provide eye-medical services for the visually handicapped children and youth who reside in Texas and whose families are in need of financial assistance in meeting the cost of medical services (services may include eye surgery or treatment, hospitalization, the provision of prosthetic appliances, and glasses)



4. To provide data concerning a visually handicapped client's Body Image and Motor Development when possible if the youth is being served by an orientation and mobility instructor with the Texas Commission for the Blind

5. To share and receive information regarding a visually handicapped client served with school district personnel in a systematic way by setting up joint conferences for this purpose throughout the year

- Texas Mental Health/Mental Retardation

- Texas Department of Public Welfare

- Texas Department of Public Health

- To share information regarding each visually handicapped client served with school personnel and agency personnel who are programming services for blind and visually handicapped children and youth. This will particularly assist in a total assessment of each student's capabilities in the areas of Home-Family Environment, Medical (Physical-Visual) information, and Personal/Social Behavior.

E. Diagnostic and Evaluation Center

(as established by House Bill 1673)

### III. Implications for Staff Development

#### A. Medical Personnel

- Positive and personal dialogue with a certified VH teacher regarding the following:

1. the need for elaboration upon any medical data which has clear educational implications
2. the importance of listing any specific restrictions placed upon a child's activities due to a physical condition
3. establishing open lines of communication between school and physician

#### B. School Personnel

- Teachers

Sessions or consultations should accomplish the following:

1. awareness of and commitment to the gathering of information and data relative to the seven dimensions of assessment
2. knowledge of an array of test batteries and assessment techniques for each of the seven dimensions
3. expertise in assessment of the following areas: Body Image and Motor Development, Sensory Use and Function, and Educational Assessment

4. skill in communicating pertinent observations of the child to medical personnel which might have implications upon medical diagnosis and/or medication
  5. skill in communicating assessment information to other school personnel involved in planning for each visually handicapped child
  6. development of realistic educational plans for students from assessment data
- Visiting Teachers
- Sessions or consultations should accomplish the following:
1. awareness of their role in assessing the Home/Family Environment of each visually handicapped student through visits to the home and with the family
  2. skill in determining the following factors:
    - a. family attitude toward the child and his handicap
    - b. family expectations for child's future
    - c. need for medical assistance
    - d. family's ability to work cooperatively with school staff
    - e. information regarding the student's birth, infancy, and pre-academic development



- f. need for parent education and  
parent group involvement
- 3. skill in reporting information to teachers,  
diagnosticians, and counselors in written  
form
- 4. professional competence in the role of liaison  
between home and school
- Speech, Physical, and Occupational Therapists  
Consultation or staff-development session regarding  
the reporting of information relevant to the assess-  
ment of visually handicapped students under their  
care.
- Diagnosticians, Counselors, Psychometrists, Psychologists  
Sessions or consultations should result in the  
following:
  - 1. expertise in assessing the visually handi-  
capped student, particularly in the areas  
of Personal/Social Behavior, Educational  
Assessment, and Intellectual Assessment
  - 2. a thorough knowledge of an array of test  
instruments which can be administered to  
the visually handicapped student
  - 3. skill in creating a comfortable testing  
environment which is responsive to the  
special needs of visually handicapped  
students

4. utilization of appropriate testing mediums--whether regular or large type or braille
5. skill in interpreting testing data and other information which would facilitate realistic educational planning

- Administrators

A staff development session with other administrators within the region or an individual consultation which would acquaint them with the role they must play in establishing appropriate and thorough assessment of visually handicapped children in their districts

C. Regional Education Service Center

- None

D. Supportive Agencies

- Texas Commission for the Blind

1. One staff development session, either held jointly with school personnel or separately as an agency, for the purpose of understanding the following:
  - a. the Texas Commission for the Blind's role in providing data regarding the Home-Family Environment, Medical (Physical-Visual) conditions, and when applicable information regarding Body Image and Motor Development to school and other agency personnel responsible

for planning for the needs of  
visually handicapped children and  
young adults

- b. the caseworker's role in consulting  
with school personnel regarding each  
client on a regular basis to assure  
open lines of communication and to  
facilitate effective planning

- Texas Mental Health/Mental Retardation
- Texas Department of Public Welfare
- Texas Department of Public Health

Consultation regarding the following:

1. the necessity of joint planning efforts for a  
single client to reduce fragmentation of in-  
formation, duplication of effort, and frustra-  
tion on the part of the client and his family
2. their role in sharing information gathered  
which would be pertinent to the assessment  
of the needs and strengths of their visually  
handicapped clients

#### E. Diagnostic and Evaluation Center

(as established by House Bill 1673) No implications at  
this time.



## VOCATIONAL ASSESSMENT AND EDUCATION

Within the last few years educators have reflected upon the ultimate goals of their efforts within the classroom, resulting in an increased emphasis on career education. This new emphasis will have a profound effect upon the population of visually handicapped students for it focuses the intent of educators who work so diligently on the acquisition of skills, concepts, and positive attitudes toward the life-long goal of independence and economic self-sufficiency. Consider the effectiveness and appropriateness of a school program which demands of its students the acquisition of all of the mathematical skills of computation, but graduates students who are unable to count out the change necessary to purchase lunch!

Career education must begin when a child enters school and continue throughout his academic endeavors. Initially, the teacher must conscientiously introduce her students to a wide variety of information concerning various professions and vocations. Traditionally, little girls were conditioned to seek employment as a nurse or teacher and to seek fulfillment as a housewife and mother. Young boys thought of becoming either a fireman or a doctor while incidentally becoming a husband and father. The current trend in education is to present information concerning a vast array of career alternatives from which to choose while also presenting the

advantages, disadvantages, demands, satisfactions, and realistic expectations of the role to be played in each vocation. This is particularly important for children and young adults who have no visual image of the activities carried out by each individual and have difficulty in determining the relevance and impact each role has on today's society.

The interrelationship between vocational education and the early concepts of the everyday world, simple tools and their use, and the satisfaction and pleasure of affecting and controlling one's environment is inescapable. Parental and counselor attention to pre-academic development relates directly to future acquisition of vocational skills and personal independence. In addition, the attention to and emphasis upon career development at the elementary level build upon the attitudinal and academic base of economic self-sufficiency. Vocational education must not be viewed by anyone as a "subject" to be taught after a child enters senior high school--for to do so will surely result in frustrations and failures both for the student and his teacher. As Barraga suggests, (Barraga, 1975) the components of a career education program can be categorized as follows: personal, social, and everyday living skills, communication and business skills, concept development, pre-care skills and independent mobility, and finally, exploration of and training in career, vocational or technical occupations. Such a program necessitates early acquisition and continued development of self-care skills, environmental exploration, and positive attitudes toward self and others as well as the later development of specific skills and competencies.



As the visually handicapped student increases his understanding of various professions and vocations, he also develops preferences and interests. The classroom teachers and vocational counselor must be able to assess the visually handicapped student's potential for success in those areas for which he expresses a preference. Such factors as independence, mobility, manipulative skill and precision, interpersonal skill, and level of intellectual functioning must be considered before recommendations are made to the student and his parents. The word "recommendation" is crucial for specific vocational training must be a decision reached by the student and his family after all variables have been presented and considered--not a decision made by educators for another individual.

Entrance requirements for vocational education classes must be studied at the local level to assure that they do not screen out applicants who are visually handicapped. Test instruments and testing procedures may need to be modified to accommodate the special needs of this population, and the counseling component must be structured to offer appropriate guidance to the student and to his family.

It is essential that school personnel coordinate their efforts to provide career education with those efforts of the various supportive agencies in the region which have expertise in the area of vocational assessment and training. This multi-disciplinary approach is the prerequisite to total programming efforts for visually handicapped students. Utilization of available resources is maximized while duplication of effort and conflicting information are decreased.



When the development of economically self-sufficient and emotionally secure individuals is the goal of the schools and the various supportive agencies which serve the visually handicapped, vocational assessment and career education are crucial and necessary components to their total programming efforts.

## I. Resources

### A. School Personnel

Classroom Teachers

Certified VH Teachers

Vocational Education Teachers

Vocational Education Counselors

Administrators

### B. Supportive Agencies

Texas Commission for the Blind

1. Vocational Rehabilitation Counselors

2. Criss Cole Rehabilitation Center

Lighthouse for the Blind

## II. Roles and Responsibilities

### A. School Personnel

Classroom Teachers

Certified VH Teachers

1. to incorporate the basic components of career education into the daily curriculum. This would include personal, social, and everyday living skills, communication and business skills, concept development, pre-cane skills and independent mobility, and

exploration of and training in career, vocational and/or technical occupations

2. to gather data relevant to vocational assessment of each student and to share this information with all personnel within the school and supportive agencies who are planning for vocational education experiences for the visually handicapped student
3. to meet with other school personnel, supportive agency personnel, and the student and his family in order to cooperatively design future programming efforts for vocational education
4. to set long-range goals for each visually handicapped student which reflect his interests and capabilities which may be realistically and productively utilized in the world of work
5. to structure learning experiences which facilitate the acquisition and development of skills in settings which have relevance to the student's realm of experience

#### Vocational Education Teachers

#### Vocational Education Counselors

1. to work cooperatively with vocational education personnel from supportive agencies to develop a comprehensive career education program for visually handicapped students

2. to gather data relevant to vocational assessment from other school staff and supportive agency personnel
3. to meet jointly with classroom teachers, counselors, supportive agency personnel, the visually handicapped student and his parents at regular intervals in order to plan cooperatively for appropriate vocational programming
4. to assess career opportunities in the community and the region to insure that counseling efforts with the visually handicapped student and his family reflect realistic expectations for employment
5. to encourage competition with sighted peers when feasible for these students will compete with a sighted world when they graduate and enter the profession or vocation of their choice

#### Administrators

1. to assure that assessment techniques used to determine eligibility for vocational education are modified to meet the needs of visually handicapped students (i.e., tests can be reproduced in large type or braille.)
2. to investigate entrance requirements for vocational training classes to assure that visually handicapped students have an equal opportunity to participate in the program



3. to encourage a team approach to providing vocational education for visually handicapped students by inviting vocational counselors, vocational rehabilitation teachers, and placement specialists from the Texas Commission for the Blind to plan jointly with the vocational education staff, regular and special education teachers.

#### B. Supportive Agencies

##### Texas Commission for the Blind

##### - Vocational Rehabilitation Services

##### Eligibility Requirements:

20/70 in the better eye after correction to total blindness

no specific age cutoff--however, the vocational counselor must feel that he can establish a vocational objective for the individual before he can become eligible for vocational rehabilitation services

##### Services Offered:

1. Vocational Evaluation - these services are purchased from private, non-profit organizations throughout the state such as the Lighthouse for the Blind. Following a complete vocational assessment, the Texas Commission for the Blind vocational counselor determines the appropriate direction to be taken with the client and coordinates additional services which may be necessary.
2. Work Adjustment Program - also purchased from private, non-profit organizations in the community or

surrounding area. The Work Adjustment Program is individually designed for each client in order to develop basic work characteristics and tolerances. The ultimate goal of such a program is to enable an individual to profit from a training program or employment.

3. Vocational Training - this training occurs within a sheltered workshop or in an on-the-job training situation within the community. The client and his vocational counselor select a specific vocation for which to train.
4. A placement specialist is available from the Texas Commission for the Blind to work cooperatively with the rehabilitation counselors when the client is ready for employment.
5. The placement specialist and rehabilitation counselor assist the client in making application for a position and follow up his progress with his new employer to insure job security.
6. Placement specialists are responsible for contacting employers and developing new job opportunities.
7. The rehabilitation counselor, rehabilitation teacher, and the placement specialist are excellent resources to school programs and will meet jointly with school personnel when schedules permit.

8. Rehabilitation teachers offer orientation and mobility instruction, training to assist the client to function independently within the home when participation in a workshop setting is not feasible, and serve as a resource to the rehabilitation counselor.
  9. The Commission provides training in trade schools, business schools, colleges, and universities.
  10. Services which may be provided to eligible college students include tuition, reader service, and room and board.
- Criss Cole Rehabilitation Center for the Blind  
4800 North Lamar, Austin, Texas

Eligibility Requirements:

must be eligible for Texas Commission for the Blind services (Most clients are legally blind or totally blind who attend Criss Cole Rehabilitation Center.)

the client's vocational rehabilitation counselor makes the recommendation that he or she attend the center based on previous evaluations

Services Offered:

1. Criss Cole Rehabilitation Center is a short-term placement for Texas Commission for the Blind clients.
2. The program is developed especially for adventitiously blinded clients who must develop certain emotional and skill adaptations to blindness.



3. The program includes the following: orientation and mobility training, home management skills, basic living skills, recreation and crafts, handicrafts to develop dexterity, communication skills such as typing and braille, and interpersonal skills.

4. Residential facilities are available.

Lighthouse for the Blind

Eligibility Requirements:

16 years of age or older

visual acuity of 20/200 in the better eye after correction to total blindness

must be clients of the Texas Commission for the Blind

Services Offered:

1. Counseling services for clients and their parents
2. Operations and corrective lenses on a very limited basis
3. Assess vocational aptitudes
4. Training in a sheltered workshop environment
5. Work cooperatively with school districts, the Texas Commission for the Blind, and other supportive agencies throughout the state

III. Implications for Staff Development

A. School Personnel

- All teachers working with visually handicapped children should have the opportunity to develop skills in the following areas:

1. daily living skills

2. communication and business skills
3. pre-cane and basic mobility skills
4. career development
5. information regarding appropriate vocational  
assessment data collection

School personnel should have the opportunity to visit sheltered workshops within the community which train and assess visually handicapped young adults.

B. Supportive Agencies

- None, but should be encouraged to work cooperatively with school personnel.

### COUNSELING

For a variety of reasons and at various times during his life, a visually handicapped individual needs assistance from a professional trained to counsel him. It is essential to his emotional outlook, social adjustment, and to his realization of a productive lifetime that those professionals with whom he interacts are positive in their approach, informed, and capable. To be truly effective, counseling services must be available to the family as well as to the visually handicapped child or youth and should encompass the personal, educational, and vocational dimensions.

Personal counseling which is comprehensive in scope begins with the family members and its goal is the development of a "warm, growth-producing relationship between the handicapped child and his family." (Selman, 1973) Caseworkers from the Texas Commission for the Blind can enter the home immediately after a child is reported to their office and begin counseling with the parents. Their first efforts are to reduce anxiety in the parents while developing their awareness of the special needs of the child. The caseworkers also provide information about educational and vocational opportunities and the various services available to visually handicapped children and their families.

As the child enters school, the cooperation and interest of his parents is a vital component in any program. A



comprehensive program for visually handicapped children aims to affect positive changes in the children's attitudes toward self and in future achievement in and adjustment to academic school settings. If these changes are to occur, parents must not only be convinced of their necessity, but must also become active partners with the school staff in maintaining continuity of approach. This necessitates appraising the parents of their child's strengths, weaknesses, and of the school's efforts to work effectively with him. Educational counseling should always be positive and should strive for cooperative planning between the home and the classroom. It must not be the result of a crisis within the life of a child but must be systematically programmed for at regular intervals throughout each school year.

Vocational counseling should begin with career awareness developed through interactions with the Texas Commission for the Blind, with school personnel, and others, and should develop into a thorough knowledge of personal interests and capabilities and realistic expectations of the world of work.

The three dimensions of counseling--personal, educational, and vocational--must be provided the blind or visually handicapped individual and his family if he is to truly reach his maximum potential as a confident and contributing member of society.

## I. Resources

### A. School Personnel

Classroom Teachers

Visiting Teachers

Vocational Education Teachers

Counselors

School Psychologists

Administrators

B. Medical Community

Ophthalmologists

Optometrists

Child Specialists

Pediatricians

General Practitioners

C. Supportive Agencies and Organizations

Texas Commission for the Blind

Lighthouse for the Blind

Texas Department of Mental Health/Mental Retardation

Texas Department of Public Health

Texas Department of Public Welfare

II. Roles and Responsibilities

A. School Personnel

Classroom Teachers

1. To be acutely sensitive to the social, emotional, educational, and vocational strengths and interests as well as needs of the visually handicapped students they serve.
2. To make objective notations of these strengths, interests and needs to be shared with other professionals and parents during conference sessions.

3. To develop warm and sharing relationships with their students and their families which facilitate active verbal interaction regarding matters which concern the student and his growth and development.
4. To establish a systematic approach to counseling with each parent regarding the progress of his child during the school year--ideally the teacher would meet with the parents early in the year to gain a better understanding of the child and the expectations his family holds for him and again at the end of the school year to discuss his progress, his limitations, and his strengths. It is through these conferences that parents become active partners with the school staff in dealing effectively with their child.
5. To work cooperatively with the Texas Commission for the Blind, other supportive agencies, and with the medical community in sharing information given to the child and to his family during a counseling session. It is through this cooperative approach that all persons having a bearing on the life of the visually handicapped child can coordinate their approach and reduce the amount of conflicting information.
6. To establish a systematic approach to counseling with each student regarding personal, educational,



and vocational matters which concern him. This vital component must not be left to chance but must be planned for and carried out in a warm, open, and above all, honest manner.

7. To work cooperatively with the vocational education staff by sharing information of mutual interest regarding each visually handicapped student.
8. To attend vocational counseling sessions jointly with vocational education staff, caseworkers from the Texas Commission for the Blind, the student, and his parents.

#### Visiting Teachers

1. To be sensitive to the climate of the home and the attitudes of the family toward the visually handicapped child which relate to his personal, educational, and vocational development.
2. To discuss with the family any problem which they wish to share or any problem which seems to be affecting their child's progress at school and to utilize problem-solving techniques in helping the family arrive at a solution.
3. To relay information gathered from the home visit and conference to school personnel in written form.
4. To attend planning conferences regarding the child with other school staff, supportive agency staff, and others in order to share information.

### Vocational Education Teachers

1. To be sensitive to the occupational skills and interests of each visually handicapped student.
2. To be aware of current and projected career needs of the surrounding geographical area.
3. To counsel with each visually handicapped student and his family regarding the career opportunities available to him after careful consideration of his skills and interests--at least on a yearly basis.
4. To work cooperatively with vocational counselors from the Texas Commission for the Blind, and with other school staff involved in establishing long-range goals for the visually handicapped student.

### Counselors and School Psychologists

1. To notify every classroom teacher who will work with a visually handicapped child that one has been assigned to his classroom. Any recommendations for seating, special lighting, etc. should be made in conjunction with the certified VH teacher assigned to the student.
2. To work cooperatively with other school staff involved in the education of a visually handicapped child to assure that personal, educational, and vocational counseling is conducted systematically on a regular basis each school year.

### Administrators

1. To make certain counseling occurs within their schools for handicapped children on a well-planned and coordinated basis and at regular intervals not to exceed one year.
2. To cultivate a healthy climate of intra-agency cooperation and inter-agency coordination within the schools.
3. To make certain the counselors assigned to the various buildings alert regular education teachers --before classes begin--that a visually handicapped student has been assigned to their classroom.
4. Parents of elementary school-aged children must receive yearly appraisal of the progress their child is making. This appraisal should be a conference approach between parents, teachers, and counselor (if determined by administrator). This will facilitate the gathering of important data from the family and the utilization of parents in reinforcing the school's efforts in the home.
5. To assure that vocational counseling within the school occurs jointly with a caseworker from the Texas Commission for the Blind, the vocational education staff, the VH teacher, the regular education teacher, the child and his parents. This session should be arranged at the beginning of the



school year and after vocational assessment results are compiled. This approach will facilitate family and student involvement and will assure that decisions concerning future career competencies are made with the child--not for him.

6. To develop and adopt a standard form to be utilized by support staff and teachers conducting conferences with parents and/or counseling students for the purpose of recording objective, bias-free comments regarding information shared and received.

#### B. Medical Community

- To work cooperatively with those individuals within the schools and supportive agencies who are counseling with either the visually handicapped child or his family. This cooperative approach will eliminate or reduce conflicting information and advise which has been cited as one of the most serious drawbacks to successful adjustment and acceptance of a handicapping condition. (Cholden, 1972)

#### C. Supportive Agencies

##### Texas Commission for the Blind

1. To offer counseling services to anyone residing in Texas regardless of financial condition who is visually handicapped (taken from Services to the Visually Disabled, a Texas Commission for the Blind brochure).

2. To develop warm and open relationships with the visually handicapped individual and his family to facilitate the communication of ideas, feelings, and attitudes.
3. To work cooperatively with school personnel, the medical community, and other supportive agencies for the purpose of sharing information relevant to the counseling process. It is vital that the content and approach of each separate entity offering counseling services be complementary to one another.
4. To participate in conferences held in the schools concerning educational and/or vocational aspects of the visually handicapped client's development. This multidisciplinary approach vastly increases the number of options available to an individual and further increases the knowledge and expertise of the professional members of the conference session.

Lighthouse for the Blind

Texas Department of Mental Health and Mental Retardation

Texas Department of Public Health

Texas Department of Public Welfare

- To become sensitive to the attitudes, skills, and interests of clients they serve and to communicate any relevant information to school and medical personnel.

### III. Implications for Staff Development

#### A. School Personnel

A staff development session should accomplish the following:

1. an understanding of the school's systematic approach to providing counseling services for visually handicapped students and their families. The administrator should develop a plan for the delivery of such services including frequency, personnel to be involved, and supportive agencies to include in the counseling effort.
2. an appreciation for the value of working cooperatively with the medical community and supportive agencies.
3. the acquisition of skills in making objective and bias-free notations concerning conference sessions.
4. a review of a standard form to be utilized in the school district for the reporting of such information.
5. a knowledge of resources available to the visually handicapped child and his family within the region which might facilitate problem-solving approaches in the counseling sessions.
6. an understanding of the unique needs of visually handicapped students



## B. Medical Community

No staff development indicated. Positive interactions with professionals within the school who are concerned with the personal, educational, and vocational development of visually handicapped students will facilitate a growing, cooperative relationship.

Therefore, the school should designate the VH teacher assigned to it or a counselor who works closely with these students to make every effort to contact as many of the medical community as is possible throughout the year in order to establish and develop this sharing relationship.

## C. Supportive Agencies and Organizations

Staff members may attend the sessions organized by the schools and may participate, particularly when community resources are discussed. Each organization may wish to discuss the following with their case-workers and staff members:

1. the necessity for working cooperatively with school personnel and the medical community in providing information relevant to the counseling process.
2. the school's systematic approach to counseling (which may be new in some cases).
3. the importance of their attendance to those conferences which require the multidisciplinary approach.

## EDUCATIONAL AIDS/MATERIALS

Visually handicapped students often require educational aids and materials which have been adapted for their use. In Texas, though it is a simple process to order and receive a large variety of educational materials for visually handicapped children, teachers and school administrators frequently are unaware of their availability. This component will discuss the procedures for registering all legally blind and other visually handicapped students within the State of Texas with the Texas Education Agency which makes them eligible to receive these educational materials. Additional sources will also be listed and discussed.

### Registration Procedures

On the first Monday in January of each year, all legally blind and other visually handicapped students who are enrolled in public schools are formally registered with the Texas Education Agency. This procedure is for the purpose of determining student eligibility for educational materials available through funding from Federal and State sources. These materials include those listed in the American Printing House catalogs and all State adopted textbooks which are reproduced in braille and/or large type. A number of textbooks have been recorded on tape and are also available to those students who are eligible to receive educational materials. As the school district identifies additional visually handicapped students throughout the year, they may register them individually with the Texas Education Agency and they, too, may be eligible to receive textbooks and

materials. All materials from this source are requisitioned by the LEA bonded textbook custodian through the Texas Education Agency Textbook Division. Returned materials must be sent to the Braille Materials Exchange.

American Printing House for the Blind, Inc.

After the annual January registration is completed, the American Printing House for the Blind is requested to mail sets of their catalogs to the textbook custodian of each school district in which a legally blind student is registered. It is extremely helpful for teachers of visually handicapped students or their supervisors to have additional copies of the American Printing House for the Blind catalogs to facilitate their selection of appropriate materials. Additional requests to be placed on the mailing list for these catalogs may be made either directly to the American Printing House for the Blind or to the Textbook Division of the Texas Education Agency. American Printing House for the Blind catalogs which are available are as follows:

- . Braille Publications
- . Large Type Textbooks
- . Educational and Other Aids (includes Braille writing and embossing equipment; aids for geography, mathematics, and music; reading readiness aids; tape recorders; and other miscellaneous aids)
- . Talking Books
- . Cassette Tapes
- . Music Publications

Materials and equipment listed in the American Printing House for the Blind catalogs are available only to those students who are legally blind. All orders for educational aids and materials produced by the American Printing House for the Blind for legally



blind registrants are placed through the Textbook Division of the Texas Education Agency on the form, "Requisition for Materials for the Visually Handicapped, TEX 035-R74". These orders must be signed by the school district's textbook custodian. When the material no longer is needed by a visually handicapped registrant in the school district, it is returned by free mail to the Braille Materials Exchange in Austin.

The American Printing House for the Blind has allowed the State of Texas to utilize a portion of its quota funds in order to place a collection of American Printing House for the Blind educational materials and aids in each of the twenty Regional Special Education Instructional Materials Centers. This arrangement facilitates the selection of appropriate materials for use with each student since they may be checked out by classroom teachers on a review basis. This will allow the teacher to make certain that a particular material suits the needs and learning styles of her students before purchasing it.

#### Utilization of State Funds for Materials

Funds which are authorized through Texas Education Code, Section 16.104, for special education materials are allocated to the school and may be used for the purchase of materials and equipment for visually handicapped students. For example, funding for the purchase of electric or manual typewriters for visually handicapped students currently is not provided through other designated funding sources. This item, as well as many other commercially produced materials, may be furnished through the school's special education materials funds.

Texas Commission for the Blind

The Texas Commission for the Blind distributes a specially designed portable record player known as a talking book machine. Records for use with the player are distributed by the Texas State Library. Both talking book machines and records are available to all blind or other physically handicapped individuals who cannot use normal printed materials. The talking book machines are not only available to visually handicapped students but to their classrooms as well.

Eligibility for a talking book machine is established by certification. A statement by a physician is preferred whenever the applicant can obtain this without too much inconvenience or expense. When the applicant's handicap is obvious or is known to a person working with him in a professional capacity, such as his teacher, certification may be made by that person.

For talking book service, write to:

Talking Book Machine Division  
Texas Commission for the Blind  
1809 North Congress Avenue  
Austin, Texas 78701

or, contact the nearest regional office of the Texas Commission for the Blind.

Texas State Library, Division for the Blind and Physically Handicapped

The Texas State Library provides a public library service to visually handicapped people throughout the state. Library reading materials are available on talking book record or tape, large type, and braille, and are distributed via the regular postal system



without charge. Every school district which has registered a visually handicapped student should have current catalogs of titles available to their students who qualify and to their teachers. Many of the books, tapes, and records are extremely useful to the student in his regular classwork as well as enjoyable for supplemental or recreational reading.

#### Recordings for the Blind, Inc.

Recordings for the Blind, Inc. is the national resource for textbooks recorded on tape. According to their priority and pre-arranged schedules, textbooks for public school students may be put on tape by providing Recordings for the Blind with two copies of the inkprint book, or material to be read. There is no charge for this service. Books are then loaned to the student for the duration of the time needed to complete the course of study.

#### American Foundation for the Blind, Inc.

The American Foundation for the Blind publishes a catalog of aids and appliances especially designed for use by legally blind individuals. In addition, they are an important resource for publications relating to blindness.

#### Special Education Instructional Materials Centers

The Texas System of Special Education Instructional Materials Centers (SEIMCs) is located in each of the twenty regional education service centers. Each of these centers provides ready accessibility of materials which may be available on a loan basis to teachers to determine its effectiveness with the specific visually



handicapped child prior to actual purchase of the material. Many centers also offer a professional library for teachers and a computerized information retrieval system which will aid teachers in meeting the needs of individual students who present particular educational problems. The centers also maintain a library of current catalogs of materials, equipment and aids for visually handicapped students.

#### Texas School for the Blind - Media Center

A media center is operated by the Texas School for the Blind as a supplementary program to the school's educational program. This center develops special curricula and evaluates commercially manufactured or produced material to determine its effectiveness with visually handicapped students. As an extension of its in-service training program, it offers short-term workshops for public school special education personnel in the use of materials.

#### Low Vision Aids

Individual students with residual vision may benefit by a low vision aid which will maximize the effectiveness of visual functioning as he performs specific visual tasks. These aids are designed to meet the needs of the individual student. The examination of and fitting for the low vision aid is provided through low vision aid clinics, especially staffed and equipped for this purpose. Information regarding the location of these clinics and other details may be obtained through any office of the Texas Commission for the Blind.

In instances in which the Texas Commission for the Blind is providing services supportive to the education program, Texas Commission for the Blind will be actively involved with the coordination of and arrangement for low vision aid services. Thus, Texas Commission for the Blind is knowledgeable regarding the nature and extent of the use which may be made of a low vision aid which has been prescribed and provided a given student. The school district personnel should have sufficient information about the individual student's low vision aid in order to provide the support necessary to encourage the student in the proper use of the aid while in the classroom.

Implications for Staff Development of School Personnel:

Classroom Teachers, Supervisors, Administrators

1. An inservice session should be held for all school personnel working directly with visually handicapped students in order that they become acquainted with the various sources of materials and ordering procedures.
2. School personnel must become aware of the collection of American Printing House for the Blind materials available on a review basis in the Regional Special Education Instructional Materials Center.

Note: This information can be shared in a general session which covers other topics relating to programming efforts for visually handicapped students. The content of this topic can easily be included with topics to be covered under

the teaching/learning component as it relates directly to curriculum.



### VOLUNTEER SERVICES

Volunteers can be invaluable to a school program for visually handicapped students, may add new spark, and may make possible further individualization of instruction if their efforts are coordinated and well planned. This requires more teacher time and effort, but can mean the difference between meaningful assistance and disruption. The teachers, however, must be sensitive to the talents of their volunteers and provide them opportunities to express their individualities and talents in working with children as well as allowing them to explore their interests in serving others.

Training sessions must be conducted for volunteers which will provide some basic competencies and appreciation for the unique as well as the common needs of visually handicapped children. The teaching staff must be responsible for preparing specific tasks for the volunteers to perform with individual children or with small groups. Specific tasks may include the preparation of materials, facilitation of small group activities, the provision of services within the regular classroom, recording printed materials, assisting in recreational activities, or acting as a sighted guide on field trips. Whatever service the volunteer is asked to provide, he or she should feel comfortable and at ease with the children as well as competently supported by the teaching staff.

## I. Resources

### A. School Staff

Classroom Teachers

Certified VH Teachers

Administrators

### B. Interested Individuals

Parents

Family Members

Individuals in the Community

### C. Organizations

Junior League of Women

Lions Club

Delta Gamma Sorority Alumna

Bell Telephone Pioneers

Jewish Sisterhood

### D. Organizations (specific to Region V)

Beta Sigma Phi

Golden Triangle Links

Altrusa

OEO

FISH

## II. Roles and Responsibilities

### A. School Staff

Classroom Teachers

Certified VH Teachers

1. To contact, with the permission and/or assistance of the Director of Special Education, the various

service organizations within the community or the region in order to enlist the services of volunteers for their classroom. (Note: It is essential that the teacher have in mind the services which she needs provided by a volunteer force before contacting organizations--including the approximate number of volunteers needed, the time of day and/or length of time needed, and the prerequisite skills necessary--if any.)

2. To make certain that all volunteer services compliment and enrich the program and do not provide distraction and confusion instead
3. To be sensitive to the talents and interests of the volunteers and to make certain that relations are positive and professional
4. To prepare orientation sessions or workshops for volunteers which insure that basic competencies and understandings are present
5. To prepare specific tasks for each volunteer which are compatible with her interest and ability and reflect the needs of the child and the program
6. To establish schedules for the volunteers and to establish certain standards for participation in the program
7. To provide professional supervision of the volunteer



8. To be supportive and sensitive to the interests and needs of the volunteer
9. To safeguard the climate of the classroom and the sensitivities of her students by altering or terminating the duties of a volunteer when necessary

#### Administrators

1. To assist the teachers in establishing basic standards for participation of volunteers in the school program
2. To support and encourage the work of the volunteer force
3. To make certain that the volunteers are adequately trained and professionally supervised

#### B. Interested Individuals

#### C. Organizations

1. To perform professionally and conscientiously within the classroom
2. To adhere to all regulations established by the teaching staff, such as time schedules, adhering to school policy, etc.

### III. Implications for Staff Development

#### A. School Staff

1. May jointly establish standards for volunteers
2. May develop tasks acceptable for volunteer force to perform

B. Interested Individuals

C. Organizations

1. An orientation session might accomplish the following:
  - a. an acquisition of some basic competencies in working with visually handicapped children
  - b. recognition of the unique and common needs of visually handicapped children
  - c. understanding of school standards and expectations for volunteers as well as general school policy which might affect them--even as specific as fire drill procedures should one occur when they are in the building.
2. Further sessions might be necessary for the acquisition of specific skills such as:
  - a. braille writing/transcribing
  - b. utilization of specialized equipment or materials
  - c. cautions and techniques for working with visually handicapped children in a recreational situation.

### STAFF DEVELOPMENT

The education service centers within each of the twenty regions of Texas are charged with the responsibility of providing staff development services. Of the ten major components, staff development may well be the most crucial to the full implementation and success of the regional model for delivery of services for visually handicapped students. After reviewing each of the components, it is clear that this model is a learning experience for all individuals involved in its implementation.

There are three variables to consider when designing in-service sessions. They are (1) population, or resource, to be included, (2) topic or topics to be presented, and (3) strategy for delivery of content. The strategy for delivery of staff development information does not necessarily equate a formal meeting. Flexibility and sensitivity to the particular needs of the target population may often require many different strategies such as visitations, informal conferences, or simply making certain that printed materials are available to selected individuals. The determination of strategy is left to each school district and to the education service center in Region V. However, it is suggested that flexibility be emphasized and all possibilities for joint efforts be explored. It is also suggested that staff members of each of the supportive agencies be included in



staff development efforts when feasible. Content regarding several components may be effectively presented in the same manner and during the same session or conference.

Staff development stresses cooperative sharing of information and ideas. This is best illustrated when we consider that the consultant or resource for one session may be a member of the target population for another topic. For example, ophthalmologists are excellent sources to serve on a consultant basis for school personnel charged with the responsibility of conducting screening procedures within the school districts. The same ophthalmologists should also be recipients of information regarding current programming efforts for the visually handicapped within the region and will be most effectively reached through informal visitations from the certified VH teacher. Parents are certainly a resource for the development of pre-academic skills in their own visually handicapped infants as well as the target population of parent education classes conducted by the LEA, the Texas Commission for the Blind, and the education service center.

Implications for staff development are listed with each component and correspond directly to the resources listed and their suggested role and responsibility.

### PROGRAM EVALUATION

The evaluation of this conceptual-operational model for the delivery of services to visually handicapped children is essential. The evaluation design should yield information regarding four areas of concern to program designers. They are as follows: (1) the effectiveness of the region as a planning base for severely and profoundly handicapped children, (2) the quality of services delivered to students scattered throughout a large, sparsely populated area, (3) the effect of such a model upon a school district in a metropolitan area which has never utilized a certified VH teacher in programming efforts for as many as twenty visually handicapped students, and, finally, (4) the effectiveness of this model upon an existing instructional unit for visually handicapped children served by a certified VH teacher.

Evaluative data will greatly facilitate the recognition of variables which need to be altered to increase the efficiency of delivery of services to severely and profoundly handicapped students.

## ROLE DESCRIPTIONS

Programming efforts for visually handicapped students, which are comprehensive in scope, necessarily involve inter-agency coordination, positive interactions with the medical community, and cooperative relationships between family and school. The role and responsibility of each of these resources to the provision of quality service to handicapped children can be discussed in terms of their unique contributions and the contributions which they share jointly. Only through this cooperative relationship can the resource base be maximized, the "whole child" attended to, and programmatic and individual success assured.

### Unique Responsibilities

#### Texas Education Agency

- Foundation School Program funds to support the following:
  - . special education teacher(s)
  - . instructional aides
  - . support personnel
  - . transportation services
  - . appraisal services
  - . instructional materials
  - . consultative assistance
- textbooks in large type, braille, and recorded tapes
- materials for legally blind students from American Printing House for the Blind through registration with the Texas



### Education Agency

- evaluation through a program review

### Local Education Agency

- screening programs for visual problems in school age children (age 3-22)
- specialized and regular education curriculum and instruction
- parent counseling regarding academic success
- educational assessment
- training of volunteers for visually handicapped programs

### Education Service Center

- staff development
- stimulation of region-wide planning
- coordination of project efforts through Regional Coordinating Committee
- materials through Special Education Instructional Materials Center
  - . materials are available from the American Printing House for the Blind on a review basis within each of the twenty Special Education Instructional Materials Centers
- technical assistance to the school districts individually and on a region-wide basis

### Texas Commission for the Blind

- central collection agency for identification data regarding

visually handicapped children (ages 0-school age)

- notification to local education agency and education service center when new visually handicapped clients are identified within the region
- parent counseling for parents of pre-school age children
- caseworker intervention to stimulate pre-academic development of visually handicapped children
- orientation and mobility instruction
- vocational followup
- work adjustment programs
- Criss Cole Rehabilitation Center
- services of a placement specialist
- provision of eye-medical services
- talking book machines
- low vision aides

#### Medical Community

- identification and referral from a medical examination
- sharing of medical information with school and supportive agency personnel
- service as a consultant regarding screening procedures
- medical (physical/visual) assessment

#### Parents

- provide for pre-academic development of their child
- attend parent education classes
- become actively involved in school program their child

### Joint Responsibilities

#### Local Education Agency - Texas Commission for the Blind

- parent counseling regarding personal and vocational matters
- vocational assessment
- vocational education
- job placement
- assessment of home/family environment, body image, and motor development (mobility)
- job opportunities survey for visually handicapped within the region

#### Local Education Agency - Texas Commission for the Blind - Education Service Center

- develop and conduct parent involvement classes stressing techniques of pre-academic development (may also include Department of Public Health and Department of Public Welfare)

#### Parents - Local Education Agency - Texas Commission for the Blind

- attend conferences regarding personal and vocational matters affecting the visually handicapped child and his family

Each of the roles and responsibilities for the various entities are discussed in detail within each component discussion as well as their implications for staff development.

### Regional Coordinating Committee

There is no legally constituted agency whose influence and responsibility extends across all of the sources of service within



visually handicapped children (ages 0-school age)

- notification to local education agency and education service center when new visually handicapped clients are identified within the region
- parent counseling for parents of pre-school age children
- caseworker intervention to stimulate pre-academic development of visually handicapped children
- orientation and mobility instruction
- vocational followup
- work adjustment programs
- Criss Cole Rehabilitation Center
- services of a placement specialist
- provision of eye-medical services
- talking book machines
- low vision aides

#### Medical Community

- identification and referral from a medical examination
- sharing of medical information with school and supportive agency personnel
- service as a consultant regarding screening procedures
- medical (physical/visual) assessment

#### Parents

- provide for pre-academic development of their child
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### Joint Responsibilities

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- vocational assessment
- vocational education
- job placement
- assessment of home/family environment, body image, and motor development (mobility)
- job opportunities survey for visually handicapped within the region

#### Local Education Agency - Texas Commission for the Blind - Education Service Center

- develop and conduct parent involvement classes stressing techniques of pre-academic development (may also include Department of Public Health and Department of Public Welfare)

#### Parents - Local Education Agency - Texas Commission for the Blind

- attend conferences regarding personal and vocational matters affecting the visually handicapped child and his family

Each of the roles and responsibilities for the various entities are discussed in detail within each component discussion as well as their implications for staff development.

### Regional Coordinating Committee

There is no legally constituted agency whose influence and responsibility extends across all of the sources of service within

the entity of Region V. Region V Education Service Center more closely meets this criterion than any other agency as the service center has a responsibility for, and receives financial resources from, all of the public school programs in the region. However, the formal charge of the center is primarily staff development within the public school setting only. Obviously, there are other populations and other topics to be considered. It is, therefore, suggested that a committee of representatives from the various sources of service and commitment be established to furnish a vehicle for improved communication, coordination, and formative evaluation. It is anticipated that continued evaluation of the service delivery system will be critical as laws, policies, availability of resources, client needs, and other circumstances will constantly be changing. Good communication among the various participants, effective coordination of all resources, and feedback to various managers should allow the regional delivery system to initially be a workable arrangement and develop into a still more sophisticated and cost-effective utilization of resources on behalf of severely and profoundly handicapped children.

The Regional Coordinating Committee should be operated as an extension of the regional advisory committee of Education Service Center, Region V. Certain public school program directors who are members of the advisory committee will be selected to serve on the coordinating committee, and a representative(s) from the education service center, Texas Department of Mental Health and Mental Retardation, the medical community, a legally blind adult, the Texas Commission for the Blind, parent groups, and other groups



will all serve on this committee. The roles and responsibilities of this committee are initially visualized as including the following:

- (1) coordination of services between the region and the Texas School for the Blind
- (2) program planning
- (3) evaluation of project activities
- (4) modification of delivery system
- (5) communication among agencies
- (6) inter-district cooperation
- (7) assurance that full continuum of services is considered for each individual visually handicapped child

Position: Itinerant/Consultative Teacher

General Prerequisites:

- . An earned degree from an approved college or university in the field of education
- . Certification in deficient vision

Specific Description of Work Performed:

Major Responsibilities;

- . Provide instruction to visually handicapped students residing in Region V as outlined in the educational plan
- . Provide assistance to the teaching and support staff of each school district in providing appropriate educational intervention for the visually handicapped students assigned to them
- . Evaluate visually handicapped students' academic, personal, and vocational needs
- . Provide assistance in selection and utilization of educational materials and aids for visually handicapped students
- . Serve as a member of the Regional Coordinating Committee

Additional Responsibilities:

- . Provide feedback regarding specific programming needs for visually handicapped students to directors of special education of each school district served
- . Serve as an information source to supportive agencies serving visually handicapped children and youths
- . Plan cooperatively with supportive agencies regarding total programming efforts for visually handicapped clients
- . Assist staff of Education Service Center, Region V, in designing staff development sessions for individuals in the region who serve visually handicapped students
- . Work cooperatively with medical personnel to share information regarding mutual efforts for visually handicapped children and youths
- . Coordinate efforts of volunteer services when assistance is provided to visually handicapped students
- . Interact with Texas Commission for the Blind caseworkers regarding counseling, vocational assessment and training, and other aspects regarding visually handicapped clients at regular intervals









## REFERENCES

- Barraga, N. Increased visual behavior in low-vision children. New York: American Foundation for the Blind, 1964.
- Barraga, N.C. (Ed.) Teacher's guide for development of visual learning abilities and utilization of low vision. Louisville: American Printing House for the Blind, 1970.
- Barraga, N.C. Visual handicaps and learning - a developmental approach. Belmont, California: Wadsworth Publishing Co., 1975.
- Bauman, & Yoder, Adjustment to blindness - Re-viewed. Springfield, Ill.: Charles C. Thomas, 1966.
- Bloom, B.S. Stability and change in human characteristics. New York: John Wiley & Sons, 1964.
- Butler, A. Current research in early childhood education: A compilation and analysis for program planners. Washington, D.C.: American Association of Elementary-Kindergarten-Nursery Educators.
- Caldwell, B.M. The rationale for early intervention. *Exceptional Children*, 1970, 36, 717-726.
- Cerulli, Frank, and Shugerman, Estelle, "Emotional Disturbance - Infancy. *New Outlook for the Blind*, 1961.
- Chess, Korn, Hernandez, Psychiatric disorders of children with congenital Rubella. New York/London: Brunner/Mazel/Butterworths Inc., 1971.
- Cholden, L.S. A psychiatrist works with blindness. New York: American Foundation for the Blind, 1958.
- Cohen, J. The effects of blindness on children's development. *New Outlook for the Blind*, 1966, 60, 150-154.
- Cutsforth, T.D. The blind in school and society: A psychological study. New York: American Foundation for the Blind, 1972.
- Edington, Everett D., Inservice education for rural teachers. *Rural Education News*, 1974.
- Eisenstadt, A. Psychological problems of the parents of a blind child. *International Journal of Education of the Blind*, 1955, 5, (1), 20-24.
- Elonen, Anna S., Appraisal of developmental lag in certain blind children. *Medical Progress*, 1964.



- Elonen, Anna S., Experimental program for deviant blind children. New Outlook for the Blind, 1959.
- Freedman, Saul. Psychological implications of the multiply handicapped person. New Outlook for the Blind, 1961.
- Goodman, Elizabeth. Implementing effective coordination of programs for the handicapped. Exceptional Children, March 1968.
- Hallenbeck, J. Two essential factors in the development of young blind children. New Outlook for the Blind, 1954, 48, 308-315.
- Hammer, Edwin K. A time to think: future needs of deaf-blind persons. Callier Center Publication.
- Hammer, Edwin K. What is effective programming for deaf-blind children? Callier Center Publication.
- Heisler, V. A handicapped child in the family - a guide for parents. New York: Grune & Stratton, 1972.
- Hepfinger, L. Psychological evaluation of young blind children. New Outlook for the Blind, 1962, 309-316.
- Imamura, S. Mother and blind child. New York: American Foundation for the Blind, 1965.
- Kaufman, M.J., Agard, J.A., Vlasak, J.W. Comprehensive special education in Texas: an evaluative report. Austin, Texas: Texas Education Agency Publication, 1974.
- Lowenfeld, B. The visually handicapped child in school. New York: John Day Co., 1973.
- Mattis, Steven. An experimental approach to treatment of visually impaired multi-handicapped children. New Outlook for the Blind, 1961.
- Salmon, Peter J. Modern programs for blind persons with other disabilities. New Outlook for the Blind, 1965.
- Selman, Sally. Some theoretical considerations for educational programming for deaf-blind children. Callier Center Publ., 1973.
- Steele, N.W. The special purpose preschool for children with multiple disabilities. Monograph, Research Series Vol. 1, No. 10. Training Program in Early Education for Handicapped Children, The Department of Special Education, The University of Texas at Austin, Austin, Texas, 1971.
- Wolf, James M. Multiple disabilities - an old program with a new challenge. New Outlook for the Blind, 1965.

Zahren, H.A. A study of personality differences between blind and sighted children. British Journal of Educational Psychology, 1965, 35, 329-338.

Zunich, M. & Ledwith, B.L. Self-concepts of visually handicapped and sighted children. Perceptual and Motor Skills, 1965, 21, 771-774.







